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Title: The unfolding heart: What is the nature of courage in the therapeutic domain
from the dual perspective of counsellors' personal therapy and their clinical practice?
A qualitative study evaluated by Interpretative Phenomenological Analysis

Date: May 2014

Originally published as: University of Chester MA dissertation

Example citation: Hewitt, S.E. (2014). *The unfolding heart: What is the nature of
courage in the therapeutic domain from the dual perspective of counsellors'
personal therapy and their clinical practice? A qualitative study evaluated by
Interpretative Phenomenological Analysis*. (Unpublished master's thesis). University
of Chester, United Kingdom.

Version of item: Submitted version

Available at: <http://hdl.handle.net/10034/326264>

**THE UNFOLDING HEART: WHAT IS THE NATURE OF
COURAGE IN THE THERAPEUTIC DOMAIN FROM THE
DUAL PERSPECTIVE OF COUNSELLORS' PERSONAL
THERAPY AND THEIR CLINICAL PRACTICE?**

**A QUALITATIVE STUDY EVALUATED BY
INTERPRETATIVE PHENOMENOLOGICAL ANALYSIS**

SUSAN ELIZABETH HEWITT

**Dissertation submitted to the University of Chester for the Degree of Master of
Arts (Counselling Studies) in part fulfilment of the Modular Programme in
Counselling Studies**

MAY 2014

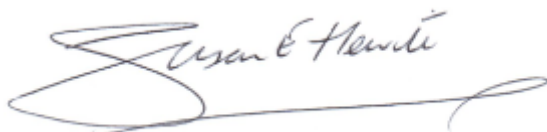
ABSTRACT

Whilst the nature of courage has long been debated, it is only more recently that the psychology of courage has received attention. Although it is acknowledged that therapeutic courage informs counselling and psychotherapy, it is an under-researched and little understood phenomenon. This research sought to investigate the nature of therapeutic courage in a qualitative phenomenological study from the dual perspective of counsellors' personal therapy and their clinical practice. Semi-structured interviews were conducted with four counsellors and psychotherapists and the study was evaluated using Interpretative Phenomenological Analysis. Three master themes were established: 1) Courage as the nexus of therapy; 2) The synergy of courage in the therapeutic dynamic and 3) Protecting and enhancing the profession. Therapeutic courage was identified as a fundamental element informing all therapeutic endeavours and its nature was described as a mosaic of psychological, moral, creative and embodied courage for both client and therapist. Therapeutic courage was characterized as a conscious choice and action in the face of fear and as a catalyst to change, albeit with ambiguous qualities. The therapeutic process was shown to demand courage of client and therapist experienced intrapersonally and interpersonally within the therapeutic relationship, where the symbiosis of courage and safety was required for therapeutic growth. Therapist courage was shown to facilitate ethical practice and enable client courage. A range of client courage was identified through the client's tenacity in processing fear, choice, loss and reality. Multiple levels of therapeutic courage were shown to manifest in depth therapy, pivotal moments, client context, liminal thresholds and ethical practice. The findings emphasized the value of therapists' personal therapy in generating a cyclical relationship between experiencing therapeutic courage as a client and in developing an empathic, compassionate presence as a therapist. The findings also revealed potential gaps in contemporary counselling and psychotherapeutic training in relation to therapeutic courage, ethical decision-making and organizational context. The findings confer implications for clinical practice in understanding therapeutic courage through the micro-processes in therapy to the macro level of the professional at large. These findings support extant research, but also provide fresh interpretations and many opportunities for future research.

Key words: therapeutic courage - psychological, moral, creative and embodied courage; intrapersonal and interpersonal processes; symbiosis; synergy; therapeutic courage continuum; client-in-context; liminal thresholds; practitioner personal therapy; therapist training; ethical decision-making; protecting the profession

DECLARATION

The work is original and has not been submitted previously in support of any qualification or course.

A handwritten signature in blue ink, reading "Susan E Hewitt". The signature is fluid and cursive, with a long horizontal flourish extending to the right.

Signed: **Susan E Hewitt**

Dated: **May 2014**

DEDICATION

This research is dedicated to those who have guided me throughout my own therapeutic journey, with a special mention to Mary and Liza who always believed in me and whose clarity of vision and wisdom continues to shine a light upon my own courage.

I also dedicate this research to my clients who have taught me, and continue to teach me, what it means to be courageous, what it means to cross the Rubicon and what it means to access the "more than", one's potential and the higher Self.

"There is no certainty; there is only adventure"
Roberto Assagioli*

*attributed quotation - <http://www.brainyquote.com/>

ACKNOWLEDGEMENTS

I wish to extend my heartfelt thanks to the following people who have given me resolute support and help throughout my research:

To my research participants "Christopher", "Cerewan", "Steve", and "Sara", and my pilot participant "Caroline", whose courage and commitment made this research possible and to whom I am eternally grateful.

To my Research Supervisor, Dr Rita Mintz, whose wisdom and guidance were an absolute inspiration throughout the challenges and rigours of research.

To my tutors - Rita, Anne, Valda, Ian and Kate - and peers on the MA in Counselling Studies course - who all made my MA journey so stimulating, rewarding and fun.

To my husband Chris - words cannot express how much I appreciate your steadfast love, support and constancy.

To my family and friends for their love, patience and tolerance.

To my study buddy, Sioned Lewis, whose unwavering friendship and humour kept me going.

To my dog Lydia for walking me!

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ABBREVIATIONS

BACP	British Association for Counselling and Psychotherapy
IPA	Interpretative Phenomenological Analysis

Note:

- The terms counsellor, therapist and psychotherapist - and the terms counselling, therapy and psychotherapy - are used synonymously throughout this research
- The attributed quotations from Søren Kierkegaard (Chapter 1), Maya Angelou (Chapter 2), Erich Fromm (Chapter 3), Lao Tzu (Chapter 4), Winston Churchill (Chapter 5) and Nelson Mandela (Chapter 6) are taken from <http://www.brainyquote.com/>

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CHAPTER 1 : INTRODUCTION

"To dare is to lose one's footing momentarily. Not to dare is to lose oneself."
Søren Kierkegaard

1.1 Background, Aims and Objectives

The process by which people transform their lives for the better through psychotherapy never ceases to move me as clients journey from despair to self-agency. However, what does it take to make the transition from psychological pain to therapeutic growth? What factors confound this process? The role of the counsellor is undoubtedly paramount in promoting the therapeutic relationship, but how is therapy co-constructed in an intra- and interpersonal dynamic and what are the catalysts for change? What is the relationship between a counsellor's personal therapy in understanding the client experience and relating this to their work as clinical practitioners? Clearly there are myriad complexities which led me to consider the nature of therapeutic courage and a desire to research this from two angles: counsellors' experiences as clients and therapists. This study predisposes to a qualitative phenomenological inquiry conducted through semi-structured interviews, analyzed using IPA to elicit themes of meaning in the lived experience of therapists whilst allowing for a hermeneutic evaluation (Smith, Flowers, & Larkin, 2012).

I have always been intrigued by the therapeutic process as a fusion of theory and phenomenology within the therapeutic relationship (Cooper, 2011; Roth & Fonagy, 2006). There are defined common and specific factors which mediate positive therapeutic transformations within clients (Beutler, Forrester, Gallagher-Thompson, Thompson, & Tomlins, 2012; Jørgensen, 2004), including therapist skills, knowledge (Mearns, 1997) and *"use of self"* (Wosket, 2010, p.8). Client factors also promote therapeutic growth (Bohart & Tallman, 2010; Scheel, 2011). I am interested to

explore how courage fits into the therapeutic dynamic and my overarching research objective is therefore to understand its nature through the phenomenological experience of counsellors. My research aims are to ask counsellors how they understand therapeutic courage, how they have experienced it as clients and therapists, and how they perceive the potential relationship between courage and therapeutic growth. I therefore hope to answer my research question by establishing the quiddity of courage from the dual perspectives of counsellors - as clients in personal therapy, and as therapists in clinical practice.

1.2 The Rationale, Significance and Wider Context

The rationale for this research centres around the continued importance of exploring the therapeutic process and understanding its components (Cooper 2011), and therefore has significance for the wider psychotherapeutic profession. Although courage is regarded as a virtue which has long been debated (Aristotle & Crisp, 2000; Tillich, 2000), the psychology of courage has received sparse attention (Pury, Kowalski, & Spearman, 2007). Whilst it is acknowledged that courage may be required to foster positive change (Gruber, 2011), literature searches reveal limited exploration of this concept in research and psychotherapeutic texts (Chapter 2). Secondly, in terms of the therapeutic process, whilst common factors across most therapeutic approaches have been established (Duncan, Miller, Wampold, & Hubble, 2010), it is acknowledged that *"our understanding of the active ingredients in psychotherapy...is still only rudimentary"* (Jørgensen, 2004, p.537). Therefore I believe this justifies an exploration of courage as a constituent of the therapeutic process. Furthermore, I think it is apposite to ask counsellors about their experience as clients, focusing on courage, given limited research on counsellor's personal therapy and its impact upon professional practice (Rake & Paley, 2009). Finally, an

exploration of therapist courage as practitioners is relevant as this concept is also infrequently considered; as Bradford (2001, p.6) avers *"More often, attention is paid to the client's challenge"*.

These under-researched components of courage confer validity to the empirical nature of this study (Flick, 2011) and are relevant in terms of therapist personal and professional development (Skovholt & Ronnestad, 1992).

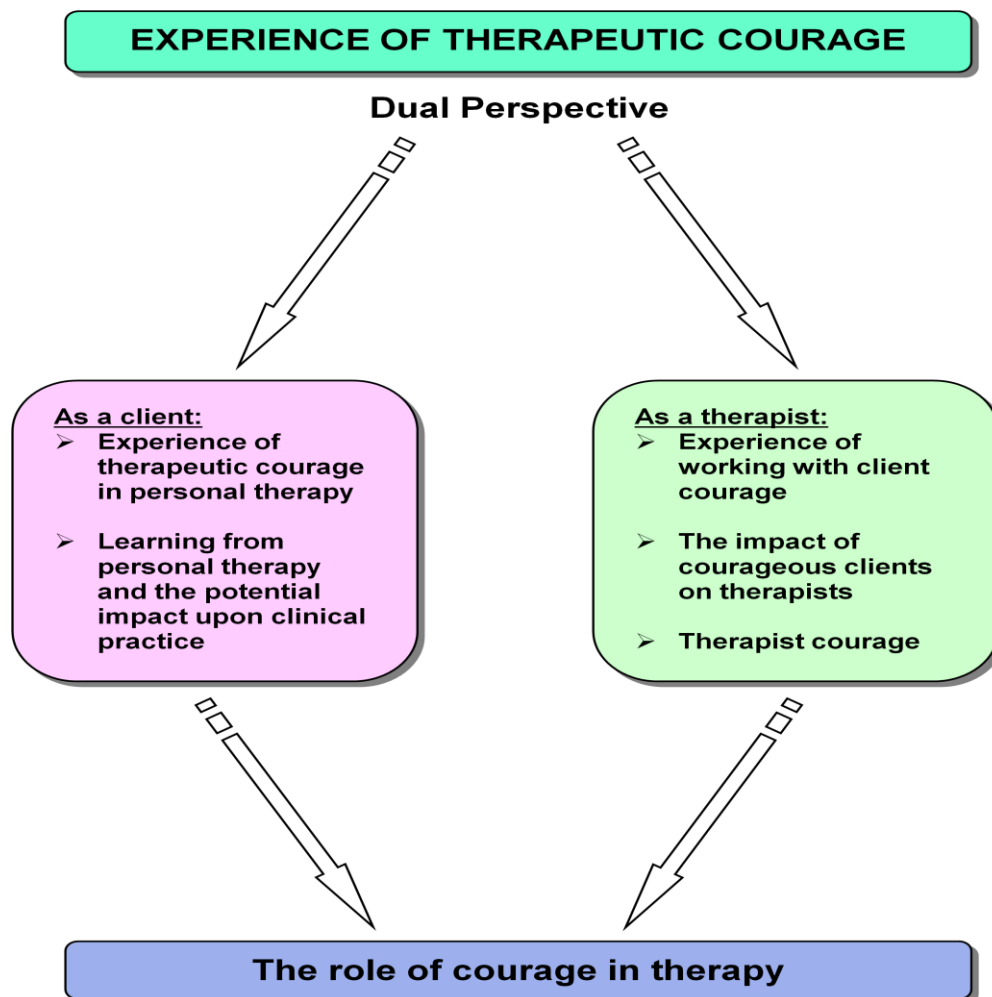
1.3 The Dual Focus of the Study

It is not unprecedented to examine psychotherapeutic lived experience with participants who have been both therapist and client; indeed Straker (1997, p.171) states that the different perspectives can be seen as *"a function of occupying that particular position"*. I therefore believe that the dual focus of this study is important in asking counsellors how courage feels as a client and as a therapist, and the relationship between the two, given the following:

1. Clients and therapists often have different perceptions of what helps in relation to therapy outcomes (Orlinsky, Grawe, & Parks, 1994);
2. Asking clients what is helpful and unhelpful in therapy remains valid research (Cooper, 2011; Levitt, Butler, & Hill, 2006);
3. Asking therapists how they engage clients in psychotherapy continues to be an important research area (Cooper, 2011; Levitt & Williams, 2010).

Furthermore, IPA research can be particularly effective when examining a concept *"from multiple perspectives"* through a *"triangulation"* (Smith et al, 2012, p.52) of the study design, thus facilitating an enriched analysis - Figure 1:

FIGURE 1: THE DUAL FOCUS OF THE RESEARCH QUESTION



1.4 Summary

This research has significance as a reflection of my profound interest in the landscape of the therapeutic process and the nature of courage therein. I recognize that choosing this topic is likely an unconscious one based upon my personal psychological journey and therapeutic experience with clients (Devereaux, 1967 cited in McLeod, 2011a, p.25). I therefore aimed to balance my subjectivity through a depth process of reflexivity (Finlay & Gough, 2003) and epoché or bracketing in order to be as open as possible in engaging with, and honouring, my participants' experience (Finlay, 2011) - Appendix 1. I believe that highlighting processes of

courage in clinical practice will benefit therapists in relation to their internal supervision (Casement, 1991) and reflexivity (Bennett-Levy, 2003). I also feel this study will be valuable to the wider counselling and psychotherapeutic profession in terms of further understanding the significance of courage across therapeutic realms.

1.5 Dissertation Overview

Chapter One states my aims, objectives and rationale. Chapter Two reviews therapeutic courage in relation to relevant literature. Chapter Three delineates the study methodology and analytical process. Chapter Four portrays the findings and Chapter Five critically discusses these in relation to extant literature. Chapter Six draws conclusions from the study.

CHAPTER 2 : LITERATURE REVIEW

"Courage is the most important of all the virtues, because without courage you can't practise any other virtue consistently. You can practise any virtue erratically, but nothing consistently without courage."

Maya Angelou

2.1 Introduction

With a concept as vast as courage, I approached the literature review in a methodical way by focusing upon the component parts of my research question (Shaw, 2012). I then integrated the literature into an overarching view of the field, identifying both background and core texts (Silverman, 2010).

2.2 Literature Search Overview

The focus of the search encompassed the concept of therapeutic courage with the following principal subtexts:

- the psychology of courage;
- the therapeutic process;
- client courage;
- therapist courage;
- the impact of clients upon therapists;
- therapist personal therapy and its potential relationship to clinical practice.

I analysed published research and theoretical material through literature searches, review of physical and electronic textbooks and journals, and identifying gaps (Jesson, Matheson, & Lacey, 2011) - Appendix 2. Database search strategies used keywords and Boolean operators to refine searches (Jesson et al, 2011) which were stored in my EBSCO account to facilitate this process (Appendix 3).

Key databases included:

- University of Chester Library
- PsycINFO, PsycARTICLES, PsycBOOKS & Psychology and Behavioral Sciences Collection
- Taylor and Francis Online
- Web of Science

Examples of search terms included:

therapeutic AND process AND courage

courage AND therap* AND client

courage AND couns* AND therapist

couns* AND personal AND therapy AND courage

psychotherapist AND personal therapy AND clinical practice

2.3 A Critical Analysis of the Concept of Courage

Defining courage can be difficult in light of varied context and its *"multidimensional nature"* (Rate, 2010, p.51). Oxford Dictionaries.com (2014) define courage thus:

- *"the ability to do something that frightens one; bravery"*
- *"strength in the face of pain or grief"*

The origin of courage derives from *"Middle English (denoting the heart, as the seat of feelings): from Old French corage, from Latin cor 'heart' "* (Oxford Dictionaries, 2014).

The following key synonyms and antonyms are listed in Collins Thesaurus (2008) and Thesaurus.com (Roget, 2014):

Synonyms: boldness, bravery, daring, determination, endurance, fortitude, grit, guts, heroism, mettle, nerve, resolution, spirit, tenacity, valour.

Antonyms: angst, anxiety, apprehension, cowardice, doubt, faint-heartedness, fear, panic, meekness, nerves, nervousness, pusillanimous, timorous, trepidation, worry.

There are also idioms and phrases around courage, for example: to take heart (from something); to have the courage of one's convictions; to pluck up one's courage.

Courage has long been considered a human virtue (Aristotle & Crisp, 2000) and its nature has been debated by philosophers for millennia; e.g. Socrates asks Laches "*What is courage?*" (Plato & Jowett, 2012, p.4). Other thinkers such as the Stoics viewed courage as facilitating a considered choice, not necessarily a physical action (Putnam, 2010). More recently, existential philosophers such as Kierkegaard and Sartre have conceptualized courage in terms of one's authenticity, freedom and responsibility in regard to anxiety and selfhood (van Deurzen, 2010). Tillich (2000, p.66) states that it takes courage to affirm one's being in spite of the threat of non-being and that anxiety "*turns us toward courage, because the other alternative is despair*". May (1994, p.13) asserts that courage is necessary in humans "*to make being and becoming possible*", whilst Medina (2008) discusses the courage it takes to sustain one's self-agency.

Attempts have been made to define courage by examining the different types of courage. Whilst physical (Aristotle & Crisp, 2000) and moral (Mackenzie, 1962) courage have been debated historically, more recently a third type of courage hitherto little discussed in the literature, namely psychological courage, has been advanced where fear is conceptualized in regard to loss of "*psychological stability*" (Putnam, 2004, p.2) or loss of self and the pain involved in facing one's repetitive compulsions and anxieties (Putnam, 2004, 2010). However, Moore (1997, p.14) argues that courage may not always entail confronting fear, but rather facing "*personal risk or threat*". Psychological courage has been described as "*vital courage*" in the sense of "*fighting for life*" (Lopez, O'Byrne, & Petersen, 2003, p.187) and "*pushing beyond the struggle*" (Finfgeld, 1999, p.803) in regard to facing chronic

health issues. Eastern spiritual philosophy such as Buddhism also recognizes psychological courage in terms of increased openness through meditation and awareness, enabled by a "letting go" of unhelpful constructs and facing the fear in so doing (Chödrön, 2003, 2009; Osho, 1999).

The recent science of positive psychology emphasizes positive individual and societal psychological wellbeing, together with human virtues such as courage, arguing that hitherto many of these strengths which promote psychological growth have been neglected in favour of a more pathological model which is reparative rather than constructive (Seligman & Csikszentmihalyi, 2000). A *Special Issue on Courage* published in the *Journal of Positive Psychology* focused specifically upon theoretical constructs of courage, subjective experience, the psychological ingredients of courage and an acknowledgement of the need for further research (Lopez, 2007) - for example, Pury, Kowalski, and Spearman (2007) studied the distinction between general and personal courage in undergraduates; general courage was found to be undertaken with less fear than personal courage which involved action "*despite fear, struggle, and personal limitations*" (p.113). More recently, a seminal textbook *The Psychology of Courage. Modern Research on an Ancient Virtue* (Pury & Lopez, 2010) provides a comprehensive overview of courage - for example, Hannah, Sweeney, and Lester (2010) conceptualize a "*courageous mind-set*" model (p.127) where interactions between an individual's internal capabilities and external influences may affect one's courageous behaviour against a background of risk and fear; notwithstanding this, however, the authors acknowledge the "*severe lack of empirical research on courage in the literature*" (p. 126).

An existential analysis of courage (Medina, 2008) describes five components of "everyday courage" (p. 280) which is defined as the personal courage to choose to live courageously each day in the face of existential insecurity - these elements involve "selfhood", "choice", "faith", "creativity" and ultimately "being" (pp. 280-298) in the sense of the courage to accept the Heideggerian sense of "dasein" or "thrownness" in the world (Heidegger, 2005/1927, p.174). May (1994) regards creative courage as the most important personal courage in respect of new patterns and ways of being. Thus, different types of courage - physical, moral, psychological/vital, general, personal, creative, courage of conviction, and civil/social courage - give rise to various conceptualizations of courage supported by a range of definitions drawn from lexicons, philosophy, social sciences and literature (Rate, 2010).

Rachman (1990) has analyzed courage in the context of combat and through exploration of biological and cognitive processes of fear. Courage has also been examined in terms of leadership (Lee, 2006) and chronic health care issues (Fingeld, 1999). However, literature and research on the nature of therapeutic courage is sparse - as Goud (2005, p. 103) asserts: *"Because courage is given a pivotal role in growth, it is of great significance to understand its nature"*. It is against this complex background that I chose to research therapeutic courage.

2.4 A Critical Analysis of Therapeutic Courage

2.4.1 Courage and the Therapeutic Process

How, then, does courage manifest itself in therapy, and to what end? Shelp (1984, p.351) talks of courage in healthcare as being a *"neglected virtue in the patient-physician relationship"* and that both patient and physician need to be *"agents of*

courage...in a context of care". Goldberg (1993, p.214) discusses the *"neglect"* of courage within the behavioural sciences and others describe courage as an area with limited empirical research available within the psychology (Rate, Clarke, Lindsay, & Sternberg, 2007) and healthcare (Wein, 2007) arenas. The phenomenology of courage therefore warrants research, supported by Pury and Woodard (2009, p.253) who state that *"advances are needed in all areas of courage research."*

One may consider a paradox of therapy which is that just as therapists challenge clients to explore difficult issues, equally they will nurture the client's pain (Rachman, 2004), which requires not only the courage of the client, but also that of the counsellor (Bradford, 2001). O'Byrne, Lopez, and Petersen (2000, cited in Lopez et al, 2003), studied the attitudes of laypersons towards courage with varied results, some seeing courage as an attitude, others as a behaviour. However, it is difficult to find the views of therapists upon courage in the literature, thus validating phenomenological inquiry. Indeed, as Pury and Woodard (2009) observed, and this has been my experience, searching databases such as PsycINFO for articles on courage yields few results, whereas results from searches on terms such as fear, anxiety and resistance are numerous.

The common factors in therapy have been widely researched (Grencavage & Norcross, 1990) in terms of client/therapist characteristics, change processes, treatment structure and the therapeutic relationship, more recently updated by Tracey (2003). Further, Jørgensen (2004) discusses the need to examine connections between specific parts of the therapeutic process in relation to client change. The so-called "Dodo bird" effect recognizes common factors amongst different therapies, not least of which is an optimal therapeutic relationship (Messer &

Wampold, 2002) which *"occupies a central place in therapy process"* (Orlinsky, 2009, p.330). However, the power of the therapeutic alliance against the background of the "Dodo bird" effect, can be challenged such that it cannot be seen in isolation (Roth & Fonagy, 2006) – so what else is going on? As Orlinsky, Rønnestad, and Willutzki (2004, p.363) observe, what makes therapy efficacious is *"more than a set of technical procedures...[and]...more than a warm, supportive relationship"*. Moltu, Binder, and Stige (2012) recently researched psychotherapists' experiences of client agency and identified the therapeutic value of therapists engaging with client courage which was recognized through enhanced client vulnerability in the relationship - this process facilitated therapeutic movement. These authors (Moltu et al, 2012, p.98-9) state that phenomena which allow *"instances"* to become *"processes"* are worthy of *"focused research"*, so I felt that an exploration of courage in this context is valid. Equally, Williams and Levitt (2007) have explored agency in psychotherapy from the therapist's perspective acknowledging the dearth of research *"on how therapists conceptualize agency within the process of change"* (p.66). Levitt, Butler, and Hill (2006), however, investigated pivotal moments in therapy from the client's perspective, where a significant finding was the therapeutic relationship fostering client *"self-exploration...even in the face of threat"* (p.317); the authors recommend qualitative analyses in order to further understand specific therapeutic processes.

Whilst it is established that empathy is closely related to outcomes, positive regard and congruence are less so, and thus therapeutic processes and how therapists help to maximize client engagement in therapy provide valid research focus (Cooper, 2011). It may also be acknowledged that encouragement is a positive mutative therapeutic approach, although in a recent review of the book *Encouragement makes good things happen* (Schoenaker, 2011), Ashton (2011) asks a valid question in the

title of her critique *"Encouraging courage: Is encouragement enough?"* which I believe is important to ask therapists.

Of course established therapies and many psychotherapeutic pioneers have recognized the importance of courage in the therapeutic process - for example, within the mechanism of acceptance of the true self in person-centred therapy (Rogers, 2004), or via living more authentically by accepting existential "givens" in existential therapy (Arnold-Baker & Donaghy, 2005). Another example is Adler who, in conceptualizing Individual Psychology, emphasized courage as a conduit to personal and social wellbeing (Ansbacher & Ansbacher, 1964). More recently this has been developed by Yang, Milliren, and Blagen (2010) who explore philosophical aspects of courage in relation to ways of living, together with guidance on *"The art of facilitating courage"* (p.129). However, it is striking how infrequently courage is listed in the index of psychotherapeutic textbooks or discussed in texts. There is undoubted increasing contemporary interest regarding defining, measuring and analyzing courage (Hannah et al, 2010; Pury & Lopez, 2010; Woodard & Pury, 2007). In addition, Gruber (2011, p.272-3) presents a model of courage as part of a *"dynamic system"* consisting of the interactions of *"Cognition, Behavior, Environment and Courage"* in the context of Bandura's (1986) reciprocal determinism. By definition, therapeutic courage can be considered to be mediated not only through intrapersonal processes, but also interrelationally, and it is this complexity of courage being embodied through two actors - client and therapist - which my research wishes to explore and where there is a requirement for further investigation (Medina, 2008).

There are newer therapeutic practices which emphasize courage, which, I believe, further justify my research - for example, Compassionate-focused therapy

encourages clients to tolerate difficult feelings through compassion, which requires courage (Gilbert, 2010). As previously mentioned, positive psychology is a growing science which focuses upon human strengths, including courage (Seligman & Csikszentmihalyi, 2000). There is evidence from the science of emotion that positive emotions allow people to build resources for long-term adaptation to adversity (Fox, 2008); indeed, as Padesky and Mooney (2012, p.290) aver, building upon positive qualities to promote resilience (where arguably courage is active), is a *“new frontier for research”*. The therapeutic process still merits research, particularly in respect of exploring therapeutic components therein and the role they play in the process of change (Lepper & Riding, 2006), which I believe validates my research.

2.4.2 Client Courage in the Therapeutic Dynamic

Research has shown client characteristics to be the most important predictors of positive therapeutic change (Bohart & Tallman, 2010) with the client being central in therapy (Duncan, Scott, & Sparks, 2004). I believe it is pertinent to examine the role of courage in relation to an individual's potential; this will involve not only the therapist's personhood, but the client's agency and *“will for growth”* (Moltu et al, 2012, p.86). Indeed, focusing on the client process from the client's perspective is increasingly important in research (Cooper, 2010, 2011), hence the dual aspect of my research. Given the scant understanding as to how courage informs psychological wellbeing (Lopez et al, 2003), I believe it bears further exploration in relation to client therapeutic emergence in the context of the intimacy of the therapeutic relationship, which may bring about creativity through courage to *“let emerge what is”* in a Heideggerian sense (Goldberg, 1993, p.231). Is it thus, that courage will mediate psychotherapeutic growth? Grosz (2013, p.xii) describes a patient who stated in therapy: *“I want to change, but not if it means changing”*. This

may contain within it issues of fear and resistance in the client, so how do clients access their courage? Goud (2005, p.114) states that the process of therapeutic growth is informed by the client's courage and that courage *"bridges the gap between the opposite pulls of safety and new growth"*. Clearly how the client perceives therapy in terms of attachment and security is vital in facilitating therapeutic exploration (Holmes, 2010; Howe, 1999). Rapport and being valued within the therapeutic relationship is of well-established importance and can help to promote feelings such as courage (Orlinsky, 2009). Wein (2007, p.40), in the context of healthcare, asks *"Is courage the counterpoint of demoralization?"* - if so, how is this process activated and sustained in therapy? The client's intrapersonal processes and capabilities are also contingent upon the client's increased self-agency, often engendered through significant therapeutic moments (Carey et al, 2007; Levitt et al, 2006). It would be interesting to evaluate the place of therapeutic courage in this process. A study by Binder, Holgersen, and Nielsen (2009) of patient perceptions of psychotherapy found that client changes in self-belief and meaning are important in the process of change - how does courage bring to bear here? Thus I believe that the process of client courage is an area ripe for further exploration.

2.4.3 Therapist Courage in the Therapeutic Dynamic

It can be seen as axiomatic that the client needs to be courageous in therapy and for therapeutic growth. However, as Bradford (2001) asserts, the courage of the therapist is generally less of a focus and I can confirm this through limited literature search results for therapist courage. Bradford (2001, p.5) states that as a therapist *"It is not enough to have insight into and empathy with a person's predicament; I must also have the courage to engage that predicament"*. What does this mean, what does this take, and how does this feel for the therapist?

According to Cozolino (2004, p.233) *"What makes a good therapist is personal courage: the courage to face one's fears, limitations, and confusion"*. Thus, the self of the therapist is vital within the therapeutic alliance in terms of the courage it takes to manage difficult feelings which may be evoked through the specific intensity of engaging with clients (Wosket, 2010). Indeed, Freud acknowledged that *"Self-criticism is not a pleasant gift, but it is, next to my courage, the best thing in me."* (Freud, 1994, p.227, cited in Poland, 2008). The therapist may find that they face their own fear and resistance in the therapeutic relationship (Bradford, 2001). Just as the client must bear the unknown, finding one's courage as a therapist is essential in going into the unknown - as Mayeroff (1990, p.35) avers *"..the greater the sense of going into the unknown, the more courage is called for in caring"* and the courageous therapist will be willing to do this in service of their clients (Aponte & Winter, 2000). Thus, there is an acknowledgement of therapist courage in the literature, but with little empirical research, a phenomenological exploration is valid.

2.4.4 Impact of Courageous Clients upon the Therapist

I also explored the literature regarding the impact of clients upon the therapist with an emphasis on courage. Literature documents therapist vicarious traumatization (Dunkley & Whelan, 2006); however, there is a lack of research in terms of positive therapist experiences (Linley & Joseph, 2007). Rogers (2004, p.333) acknowledged the risk of the therapist being changed through entering the world of the client and that this takes courage, *"a quality which is not too widespread"*. Kottler and Carlson (2005) explored the impact of clients upon therapists revealing the challenges for therapists in developing courage in the face of their clients' difficulties. It is acknowledged that clients can inspire therapists and that therapists may learn much about the change process through courageous clients (Freeman & Hayes, 2002).

Further, Freeman and Hayes (2002) acknowledge that there is plenty of literature about the effect of the therapeutic relationship on clients, but little upon how the relationship affects therapists, so I believe the two-way process of exploring courage in my research is justified in this regard.

2.4.5 The Relationship Between Counsellors' Personal Therapy and their Clinical Practice

Another component of my research focuses on how therapist's personal therapy may affect their clinical practice from the perspective of courage. Therapist personal therapy is a huge area in and of itself although it too is surprisingly under-researched and worthy of further investigation (Rake & Paley, 2009), and to this end my research has relevance.

Some researchers have established the value of personal therapy in enhancing reflexivity in clinical work (Rizq & Target, 2009). However, should personal therapy be mandatory for trainees (Chaturvedi, 2013)? There is an argument that therapists can only take clients on a therapeutic journey in terms of how far they themselves have been in their psychological development (Rowan & Jacobs, 2002). Others contend that mandatory therapy for students who are well is potentially harmful (Atkinson, 2006). However, it is generally acknowledged that most psychotherapists find personal therapy beneficial (Bike, Norcross, & Schatz, 2009). Haas (1997, p.593) states that the counsellors' own therapy is important because it *"maximizes your ability to understand yourself...It will also deepen your respect for your clients' courage"*. More recently, a survey from Orlinsky, Schofield, Schroder, and Kazantzis (2011, p.828) recommended continued use of personal therapy to enhance *"professional training, clinical practice and therapist self-care"*.

However, what is the impact of therapist personal therapy upon their clients? Studies have not tended to find a relationship between therapist personal therapy and the outcome of their clients (Rønnestad & Ladany, 2006). Furthermore, a literature review from Wigg, Cushway, and Neal (2011) suggests that there is little evidence regarding the benefit of therapist personal therapy to clients.

It is against this background that I wished to explore specifically the therapist's experience of courage in their personal therapy and the potential impact on clinical practice as I believe this relationship warrants further research (Chaturvedi, 2013).

2.5 Summary

In light of the paucity of research regarding the psychology of courage in the therapeutic domain, I hope that studying the components of therapeutic courage from the dual perspective of therapist experience as clients and practitioners will bring these myriad elements into focus by providing an overall gestalt through phenomenological inquiry. MacIntyre (2007, p.125) advances that to understand a virtue such as courage, one needs to understand it not just as a character trait but also through its relevance *"in a certain kind of enacted story"* which this research seeks to achieve via participant narrative and phenomena.

CHAPTER 3 : METHODOLOGY

"Creativity requires the courage to let go of certainties."
Erich Fromm

3.1 Research Philosophy and Design

Research emerges from philosophical and theoretical concepts, producing outcomes through analysis according to cultural, psychological and scientific constructs (McLeod, 2011a), where justification is still often *"necessary for knowledge"* (Ladyman, 2002, p.6). However, between the extremes of positivism and extreme relativism resides social constructionism which advances that there are many *"knowledges"* (Willig, 2013, p.7). It is social constructionism which informs idiographic, hermeneutic (Banister, Burman, Parker, Taylor, & Tindall, 1994) and linguistic aspects of qualitative research (Willig, 2013). Although we can never fully comprehend the human condition, qualitative research can be justified through enhancing our understanding of lived experience (McLeod, 2011b) by characterizing and explaining phenomena (Willig, 2013).

I therefore believed the phenomenological, qualitative, inductive paradigm was the best epistemological position for my research methodology. Phenomenology is underpinned by the philosophies of Husserl and Heidegger, focusing on how individuals perceive the world, and it is the *"essence(s)"* (Langdridge, 2007, p.20) derived from an individual's *"lifeworld"* which qualitative research attempts to understand (Langdridge, 2007, p.23). Phenomenological processes inform qualitative research through language, meaning, reflexivity and the self of the researcher (Banister et al, 1994). In addition, qualitative research is informed by the epistemology of hermeneutics, the process of interpretation of textual meaning and

the *"fusion"* of understanding between interpreter and text (Gadamer, 1975 - cited in McLeod, 2011b, p.29).

3.1.1 Interpretative Phenomenological Analysis

My research sought to elicit *"micro-processes as well as the 'bigger picture' "* (Reeves, 2012, p.1); I therefore selected the qualitative, phenomenological, hermeneutic approach of IPA as the most apposite method for my study as it seeks to distil the meaning and sense of individual experience in a given context (Smith et al, 2012). Whilst IPA cannot make predictions about phenomena, it can provide contextual insights (Larkin & Thompson, 2012).

IPA is informed by the philosophies of Heidegger (amongst others) who emphasized the interdependence of phenomenology and hermeneutics in understanding human existence (Finlay, 2011). I was cognizant of bracketing myself from assumptions (transcendental attitude or epoché - McLeod, 2011b), whilst acknowledging that this is never totally feasible (Smith et al, 2012). Bracketing involves the researcher's openness to the research (rather than being dispassionate), through humanist values such as *"empathic dwelling"* and engagement with the participant (Finlay, 2011 p.78). I therefore ensured to position myself in my study through researcher reflexivity (Etherington, 2004, Finlay, 2011; Finlay & Gough, 2003) - see section 3.1.8.1 and Appendix 1. In IPA, Smith et al (2012) suggest focusing on the participant more than bracketing, as through an iterative process *"the former inevitably facilitates the latter"* (Smith et al, 2012, p.35).

The phenomenology of IPA can be enriched by taking a holistic analytical stance through awareness of embodied lived experience in addition to cognitive, linguistic

aspects (Finlay, 2011; Todres, 2007), whilst acknowledging the tension therein (McLeod, 2011b). I became mindful of my *"felt sense"* within the process (Gendlin, 2003 p.47) and my reflexivity in regard to awareness of the participant's embodiment (Finlay, 2006). This approach is compatible with IPA philosophy and facilitates a more cohesive analysis (Smith et al, 2012). IPA's principal aims are therefore to understand how individuals experience the world, the meanings within and across participants, and the hermeneutic role of the researcher and their reflexivity (Willig, 2013). The combination of hermeneutics and phenomenology in IPA generates a *"hermeneutic circle"* which enables a whole to be understood from the sum of its parts, and the parts to be understood in the context of the whole (Schleiermacher, 1998, p.24). Furthermore, IPA involves a *"double hermeneutic"* process as *"the researcher is trying to make sense of the participants trying to make sense of their world"* (Smith & Osborn, 2009, p.53). IPA is an idiographic, inductive method, grounding its findings in the data and, through depth and breadth analysis, maintains individual experience within the process (Smith et al, 2012), which is why I discounted other thematic analyses which do not foreground the individual within the whole to the same degree (Maykut & Morehouse, 2000).

IPA is producing an ever-growing corpus of work (Smith, 2004), and whilst it was originally utilized in health psychology (e.g. Osborn & Smith, 1998), its applications have expanded into areas such as clinical, social and counselling psychology (Smith, 2004). Moreover, IPA is increasingly being employed to explore philosophical concepts such as awe (Bonner & Friedman, 2011) and spirituality (Cassar & Shinebourne, 2012), which I felt further validates the application of IPA to research therapeutic courage. In addition, Reid, Flowers, and Larkin (2005, p.21) state that IPA has the capacity to explore positive psychology concepts, moving away from

being "*disease- and deficit-focused*", and therefore this fits epistemologically with therapeutic courage. Finally, I felt that examining the dual perspective of therapeutic courage - a "*triangulation*" - would engender a more robust study through participant reflections on their experience in different roles (Smith et al, 2012, p.52). I attended an IPA seminar at Manchester University in 2013 where Dr Michael Larkin gave an overview of IPA, focusing on the "person-in-context" (Larkin, 2013; 2012) - Appendix 4 - which further upheld my choice in utilizing IPA. IPA affords different levels of interpretation (Smith, 2004) and allows the researcher "*creativity and freedom to explore*" (Willig, 2013, p. 99) as they search for "*gems*" in the data to enrich the study (Smith, 2011a, p.7).

3.1.2 Research Sample

Having chosen the appropriate methodological research design, I identified a sampling method from which to derive study data (Dallos & Vetere, 2005). Study samples from populations are broadly either probability or non-probability techniques according to the study method (Denscombe, 2010). Non-probability sampling does not involve random selection and therefore the researcher does not know if their sample is representative - thus, this technique does not aim to generalize to the population (Denscombe, 2010) [in contrast to random probability sampling representing population cross-sections, allowing generalizability of outcomes through large-scale, quantitative studies (Dallos & Vetere, 2005)]. Non-probability sampling lends itself to smaller, qualitative, idiographic studies which aim to explore the lived experience of participants (Denscombe, 2010); I therefore selected this strategy for my study.

There are varied techniques within non-probability sampling depending upon the focus of inquiry, including purposive, snowball and theoretical sampling (Maykut & Morehouse, 2000). Purposive sampling was most appropriate for my study as it recruits participants in whom the processes to be studied are most likely to manifest (Silverman, 2010). A purposive, homogenous sample was therefore identified via inclusion criteria such that participants shared the same experiences required for this research, and this is the method generally utilized by IPA (Smith et al, 2012). My inclusion and exclusion criteria for my participants follow:

TABLE 1: INCLUSION/EXCLUSION CRITERIA

INCLUSION CRITERIA	JUSTIFICATION
Currently practising counsellor/ psychotherapist, using any therapeutic approach(es) with adult clients (18 years+)	I wanted participants to have current experience as practitioners. I wanted to capture participant experience irrespective of therapeutic orientation. In wishing to maintain homogeneity in the participants' client base, I selected adults as I felt that client age might be a potentially significant variable.
2 years+ experience as a qualified therapist to at least Diploma level	Importance of setting a minimum baseline for qualifications and years of experience as a qualified therapist in order to capture the requisite phenomena.
Member of a professional counselling or psychotherapeutic organization e.g. BACP	Importance of membership of a professional psychotherapeutic body in terms of ethical standards of practice.
Receiving ongoing clinical supervision	Importance of clinical supervision in maintaining ethical practice.
Have experience of personal therapy	This was a pre-requisite of the participant, implicit in the research question.
Have experience of courage in personal therapy and as a practitioner	This was a pre-requisite of the participant, implicit in the research question.
EXCLUSION CRITERION	JUSTIFICATION
Individuals with whom the researcher has a dual relationship	To avoid potential research ethical pitfalls in working with a participant known to the researcher.
POSSIBLE EXCLUSION CRITERION	JUSTIFICATION
Individuals currently undergoing personal therapy might be excluded	Importance of working ethically with participants through establishing their safety and minimizing risk. If participants were currently undergoing personal therapy, their inclusion in the study was contingent upon them feeling sufficiently grounded to undergo a research interview. Having clarified safety, it could even be argued that those currently in therapy might find the research a valuable, personally relevant process.

IPA studies usually involve small sample sizes because of the detailed analyses required to gain in-depth insights from participants (Larkin & Thompson, 2012); my sample size was 4, which falls within the generally recommended 3-6 participants and is a compromise between obtaining enough meaningful data whilst not being inundated (Smith et al, 2012).

3.1.3 Data Collection

In order to access the depth of the lived experience of individuals using IPA to analyze texts (Willig, 2013), I selected the established technique of interviewing participants to allow time for exploration of complex, sensitive experiences (McLeod, Elliott, & Wheeler, 2010), in contrast to using other data collection methods such as surveys (Flick, 2011). I believe interviews to be an appropriate instrument for my data collection (McLeod, 2011a) through generating descriptive data derived from processes within smaller-scale qualitative studies (Flick, 2011). On a continuum of unstructured to structured interviews, I selected semi-structured interviews which allow exploratory freedom within a manageable framework (Mintz, 2010).

IPA studies require "*rich data*" (Smith et al, 2012, p. 56) in order to access participants' complex experiential narratives by giving them a "*voice*" (Larkin, Watts, & Clifton, 2006, p.102). Although various methods can be used within IPA (e.g. autobiographical accounts), in-depth interviews are most commonly used for analysis (Smith & Eatough, 2007). The qualitative interview can be seen as "*responsive interviewing*" (Rubin & Rubin, 2012, p.5), and my intention was to ensure that I fully engaged with participants in order to create rapport and empathy in a flexible way (Smith & Osborn, 2009).

3.1.4 Interview Design

The IPA approach recommends a prepared interview schedule with 6-10 open questions together with prompts to be explored in a focused conversation of 45-90 minutes (Smith et al, 2012), within an ethical framework including informed consent and the right to withdraw at any time during the research (King & Horrocks, 2010).

My Interview Schedule (Appendix 5) was finalized through experience obtained from my pilot interview (Section 3.1.5); 7 questions were organized in terms of cognitive and emotional perceptions of courage, personal therapy experience and learning, client courage, learning from clients, therapist courage and the therapeutic process. I aimed to put the participant at ease by starting with a general understanding of courage before exploring feelings at more depth (Smith et al, 2012). I memorized my Interview Schedule such that questions could flow in response to the participant's narrative and I included prompts as an aide-memoire (Smith et al, 2012). Interviews should include narrative, exploratory questions (not leading, closed questions) (Smith et al, 2012), with relevant probes and follow-ups (Rubin & Rubin, 2012). I thus endeavoured to ask descriptive, sense-making questions in order to illuminate my research question.

3.1.5 Pilot Study

A pilot interview is regarded as best practice in conducting research in order to hone the interview process and enhance researcher confidence (McLeod, 2011a), and I believe this contributes to study validity (Yardley, 2000). I made a full transcription and shared this with the pilot study participant in the interests of transparency and feedback, which Hugh-Jones and Gibson (2012) advocate in order to improve technique, examine the interaction between researcher and participant, and promote researcher reflexivity. I received positive feedback from my pilot study participant regarding paperwork, process and the experience, which she found a valuable time for reflection - this echoes Kvale and Brinkmann's (2009, p.31) contention that the interview can be just as much *"a learning process for the interviewee...as for the interviewer"*.

3.1.6 Research Participant Recruitment

Following the pilot interview, I sought participants by emailing University Departments, Counselling/Psychotherapeutic organizations and professional individuals (Appendix 6), accompanied by the study advertisement (Appendix 7). In addition, I placed an advertisement in Therapy Today Online and the BACP Research Noticeboard (Appendix 8).

Once approached by potential participants, I emailed them (Appendix 9), outlining my study and interview process, requesting that they consider the Research Information Sheet (Appendix 10). I asked participants to complete the Pre-Interview Questionnaire (Appendix 11) to facilitate participant eligibility for study inclusion. Participants were selected on a first-come-first-served basis. One participant was not selected because they did not fully meet my criteria, which I explored with them prior to sending an email expressing my gratitude for their interest (Appendix 12).

3.1.7 Research Participant Interview

Once selected, I emailed participants to invite them for interview, followed by email confirmation (Appendix 13). The confirmation email included the Consent Form to participate (Appendix 14a for a participant not in therapy - Appendix 14b for a participant currently in therapy to confirm that they felt sufficiently grounded to take part in the research). I also sent the Consent Form to Record the Interview (Appendix 15) together with an overview of the interview questions (Appendix 16), with the assurance that no pre-interview preparation was necessary. I invited participants to bring something creative to the interview to represent therapeutic courage, which was optional but allowed for a creative approach as part of the interview as this benefits some participants (Smith et al, 2012).

Upon interview, I strove to put participants at ease, answered final questions, invited the participant to choose a pseudonym if they wished (a code number for anonymity would have been ascribed otherwise), and ensured that the Consent Forms were signed and dated. I informed participants that the interview would be fluid, that there were "*no right and wrong answers*" (Smith et al, 2012, p.63) and that I may say little as I was interested to listen to their experiences. I allowed my curiosity to help the interview flow, focusing on remaining as neutral as possible and treating the participant "*as an expert*" in "*what matters to them*" (Larkin, 2013). I ensured participant safety and wellbeing at the end of the interview.

I made reflexive notes post-interview, which included embodied responses, the sense of "*being-with*" (Finlay, 2011, p. 214) and a focus on what emerged in the interpersonal space (Josselson, 1996) - Appendix 1. Following interview, I emailed a letter of thanks to participants (Appendix 17) and produced a verbatim transcript for participant proof-reading and final agreement via email confirmation.

3.1.8 Data Analysis

Thematic analysis provides a fundamental method of qualitative analysis where units of meaning relating to the research question are identified from the data (Braun & Clarke, 2006). Thus in phenomenological qualitative studies, the researcher will distil the participants' subjective experiences (Harper, 2012). Beyond a descriptive account, a deeper approach of qualitative analysis involves interpretation of data by the researcher, where units of meaning are placed in a wider context via a cyclical process of analytical "*immersion*" and organization of meanings (McLeod, 2011a, p.85). Thus linguistic data are deconstructed and reconstructed, with meanings placed in a holistic milieu (Moustakas, 1994).

IPA aims to position the wider context of the findings, whilst keeping sight of the individual's phenomenological experience through a process of hermeneutics and phenomenology mediated via the interrelationship of researcher and participant (Larkin et al, 2006). Although IPA is not a prescriptive methodology, but rather a method allowing for levels of creativity and interpretation through "*a set of common processes*" (Smith et al, 2012, p.79), it demands rigorous, iterative data analysis. IPA entails initial individual case analysis - cyclical stages include re-reading of texts, classifying and organizing themes, and summarizing themes diagrammatically; subsequent depth analysis involves cross-case assimilation to identify master themes (Willig, 2013). This analytic process is inductive, in that findings will emerge from data immersion, in contrast to determining categories in advance (McLeod, 2011a).

I analyzed my participants case-by-case (average interview time 1 hour 15 minutes), focusing on each participant, aiming to bracket findings before moving on to the next one (Smith et al, 2012) - Appendix 18 delineates my analytical procedures. For each participant I undertook the following:

1. Line-numbered transcripts were read and re-read, and notes made;
2. I constructed an Emergent Themes Analysis table containing the full transcript (Smith et al, 2012, p.93);
3. I added "*exploratory comments*" through data analysis, colour-coded to highlight descriptive, linguistic and conceptual comments (Smith et al, 2012, p.93); these comments were reviewed several times through immersion in the participant's sense-making;
4. Emergent themes were produced and reviewed cyclically. These included conceptual interpretations which I ensured were grounded in the data.

Appendices 19 and 20 provide abbreviated extracts from participant Emergent Theme Analysis;

5. Emergent themes were printed on coloured paper and clustered into groups to identify super-ordinate themes (Appendix 21);
6. Using "*abstraction*", "*subsumption*", "*polarization*", "*contextualization*", "*numeration*" and "*function*" (Smith et al, 2012, pp.96-99), I produced a list of all emergent and super-ordinate themes (Appendix 22 - participant examples) which facilitated further distillation to produce sub-ordinate and super-ordinate themes (Appendix 23). I then completed an overall individual analytical gestalt including in vivo quotes* and transcript locators (Smith et al, 2012) before moving on to the next participant - Appendices 24-27.

<p>*In vivo quotes are edited for clarity - dots indicate textual omissions or pauses.</p>

My process for cross-case analysis was:

1. All participant super- and sub-ordinate themes were printed on coloured paper, organized into clusters (Appendix 28), placed on a wall (Appendix 29) and listed in a document (Appendix 30) - from this, I was able to distil the master themes (Table 2, Chapter 4).
2. I produced a table of master themes with in vivo quotes (Smith et al, 2012, p.101) - Appendix 31. As examples of further textual analysis, Appendix 32 illustrates one detailed master theme from "Cerewan" and Appendix 33 illustrates all master themes from "Sara".

3.1.8.1 Phenomenological Reduction and Reflexivity

I strove to interpret findings at reasonable depth to avoid being overly cautious in providing an analysis which is only descriptive (Smith et al, 2012), whilst acknowledging the ethical considerations around higher levels of interpretation in relation to *"giving/denying voice to research participants"* (Willig, 2013, p.92). I consciously bracketed assumptions by concomitantly balancing reflexivity with openness (Finlay, 2011), and the *"hermeneutics of empathy"* with *"suspicion"* (Smith et al, 2012, p.36). It is suggested (Brocki & Wearden, 2006, p.99) that IPA interpretation can be facilitated by the author's *"particular perspectives"* and to this end I kept a reflexive research journal including post-interview notes (Appendix 1) which helps to embed the researcher in the double-hermeneutic process (Gibson & Hugh-Jones, 2012). Analysis is thus facilitated through an iterative *"dance between the reduction and reflexivity"* (Finlay, 2008, p.1).

3.2 Ethical Issues

Counselling and psychotherapeutic research must be informed by the BACP ethical framework, which facilitates counselling best practice by incorporating ethical values, personal moral qualities, and ethical principles of trustworthiness, autonomy, beneficence, non-maleficence, justice and self-respect (BACP, 2014). As a BACP member I adhere to these principles in my counselling practice and applied them equally to my research. I also followed the BACP ethical guidelines in respect of researching counselling and psychotherapy (Bond, 2004). The BACP aims to foster best research practice in regard to generic issues of public safety, and through promoting researcher awareness of known and anticipated ethical research considerations (Bond, 2004). Key ethical principles and how I employed these in my study are:

1. Trustworthiness - I sought to foster trust with participants through Rogerian core conditions and transparency.
2. Risk management - I abided by the University of Chester Research Governance Policies and sought the University's Research Ethics Committee approval. Regular Research Supervisory consultation facilitated ethical practice.
3. Relationships with research participants - I obtained informed consent from participants. I aimed for study integrity and transparency through clarity of process. I respected participant vulnerabilities and avoided dual relationships.
4. Confidentiality/anonymity - I maintained confidentiality in accordance with the BACP Ethical Framework. Pseudonyms were used to protect participant anonymity and all data were secured. The difference between anonymity and confidentiality was stated on the Consent to Record Form (Appendix 15).
5. Research integrity - I sought to maintain fairness and honesty through being organized and meticulous in communications and data management. I analyzed data such that I could give good and equal account of each participant's experiences in order to maintain their individuality in the spirit of IPA philosophy.
6. Research governance - My overall aim was to foster ethical research quality and good practice.

In relation to ethical considerations specific to my study, my overall concern was to minimize risk to participants e.g. the vulnerability of therapists exploring sensitive issues from their own therapy meant that my inclusion criteria sought therapists who were either not currently in personal therapy or, if they were, that they felt sufficiently grounded to undertake a research interview. I checked out participant safety before, during and after the interview process. I was careful to anonymize transcripts and exclude personally identifiable data.

I aimed to abide by the principles outlined by the British Psychological Society (BPS, 2010, pp.8-12): *"respect for the autonomy and dignity of persons"*; *"scientific value"*; *"social responsibility"*; and *"maximising benefit and minimising harm"*. Indeed, respecting the participant's humanity is deeply embedded in hermeneutical-phenomenological research philosophy (Rowan, 2000).

3.3 Reliability, Validity and Trustworthiness

All research needs to demonstrate rigour in the way it has been conducted and how the methodology has been employed, such that transparency, robustness and a fundamental integrity in the research process can be demonstrated by the researcher (Dallos & Vetere, 2005). Quantitative research, for example, will be supported by *"reliability, validity and replicability"* (Dallos & Vetere, 2005, p.201), and it is also no less critical for qualitative research to demonstrate rigour and trustworthiness. Punch (2006, p. 21) asserts that research must demonstrate *"internal consistency, coherence and validity"*, reflected by Dallos and Vetere (2005, p.201) who posit that qualitative research is supported by *"validity and self-reflexivity"*. There have been many attempts to define the validity of qualitative research in psychology, since some quantitative research validity concepts are not applicable to qualitative research which emphasizes communicative interactions and subjective hermeneutics (Flick, 2011). McLeod (2011a) advances criteria conferring validity to qualitative research, including transparency, placing the study in context, trustworthiness and researcher reflexivity, which I applied to my study.

Lincoln and Guba (1985, p.300) advance the importance of trustworthiness and rigour in qualitative studies, highlighting *"credibility"*, *"transferability"*, *"dependability"* and *"confirmability"* in terms of contributing validity to research findings. These

parameters have since been modified, building upon scientific rigour with the inclusion of "*ethical*" and "*artistic*" dimensions (Finlay & Evans, 2009, p.60), achieved through applying the criteria of "*rigour*", "*relevance*", "*resonance*" and "*reflexivity*" - "*the 4 R's*" (pp.61-2). I have therefore endeavoured to take account of these factors in my research.

In regard to IPA validity, I believe that it provides a rigorous model through combining depth thematic analysis with interpretation (Smith et al, 2012). Several researchers (Pringle, Drummond, McLafferty, & Hendry, 2011) propose that Yardley's (2000, p.219) framework informs IPA's quality appropriately in terms of "*sensitivity to context*"; "*commitment and rigour*"; "*transparency and coherence*"; and "*impact and importance*". Hefferon and Gil-Rodriguez (2011) also suggest that Elliott, Fischer, and Rennie's (1999) model will facilitate IPA validity. Finally, I noted the advice of Smith (2011b p.24) "*What makes a good IPA paper?*", particularly in regard to rigour, establishment of robust data and appropriate level of interpretation. To this end, I worked ethically and transparently to maintain integrity (Finlay & Evans, 2009; Spencer & Ritchie, 2012) via:

- responsibility for participant wellbeing;
- rigorous audit trail;
- regular research supervisory consultation;
- awareness of research limitations;
- reflexivity and openness.

3.4 Summary

I believe the combined phenomenological, hermeneutic and reflexive concepts of IPA best suited my research question in terms of the dual focus on therapeutic courage as experienced by counsellors as clients and therapists. My principal aims in utilizing IPA in this study were to honour my participants ethically, respectfully and professionally and to maintain their voices in the study, to establish convergent and divergent themes within and across participants, and to manage the tension between creativity, rigour and reflexivity.

CHAPTER 4 : FINDINGS

"From caring comes courage."

Lao Tzu

4.1 Participant Overview

All participants chose pseudonyms:

"Christopher" is a Person-Centred Counsellor working for a charity predominantly with elderly clients. He has experience of Person-Centred personal therapy.

"Cerewan" is a Trauma Psychotherapist whose work is informed by diverse theoretical orientations. She works in private practice predominantly with trauma and childhood abuse and has experience of personal therapy in various modalities.

"Steve" is a Person-Centred Counsellor working for a charity and in private practice, principally with palliative care/bereavement and childhood sexual abuse. He has experience of Person-Centred personal therapy.

"Sara" is a Person-Centred/Relational Depth Counsellor working predominantly with end-of life clients in the NHS, and a range of therapeutic issues in private practice. She has experience of Person-Centred and Gestalt personal therapy.

Appendix 34 provides participant demographic data.

4.2 Master Themes and Sub-ordinate Themes Summary

Three master themes emerged from extensive analysis, with ten accompanying sub-ordinate themes - Table 2:

TABLE 2: MASTER THEMES AND SUB-ORDINATE THEMES

MASTER THEMES	SUB-ORDINATE THEMES
4.3 Courage as the Nexus of Therapy	4.3.1 <i>The essence of therapeutic courage</i> 4.3.2 <i>A conscious action and catalyst to change</i>
4.4 The Synergy of Courage in the Therapeutic Dynamic	4.4.1 <i>Symbiotic processes of therapy</i> 4.4.2 <i>The self of the therapist: enabling courage in service of the client</i> 4.4.3 <i>Crossing the Rubicon: dimensions of client courage</i> 4.4.4 <i>Liminal thresholds of therapy: creativity versus tension</i> 4.4.5 <i>The client-in-context</i>
4.5 Protecting and Enhancing the Profession	4.5.1 <i>The indispensability of practitioner personal therapy and self-care</i> 4.5.2 <i>The place of courage in therapist training</i> 4.5.3 <i>Therapist moral courage and ethical dilemmas</i>

These master themes characterized the central role of therapeutic courage as:

- an essential integrant of therapy and activator of change;
- manifested through interpersonal symbiotic processes in the therapeutic relationship;
- manifested through intrapersonal processes of therapist and client;
- manifested on a continuum according to client context and liminal thresholds;

- a valuable experience within practitioner personal therapy, its place in counsellor training and in ethical professional issues.

There was general convergence of themes across participants, but also interesting divergence and differing areas of emphasis.

Participant in vivo quotations are coded (followed by transcription page/line numbers):
"Christopher" = Ch "Steve" = St
"Cerewan" = Ce "Sara" = Sa

In vivo quotes are edited for clarity - dots indicate textual omissions or pauses.

4.3 Courage as the Nexus of Therapy

All participants debated the nature of courage within the context of the therapeutic dynamic from the dual perspectives of clients and therapists.

4.3.1 The Essence of Therapeutic Courage

Participants discussed their perceptions and experiences of courage, and how they might define it. There was a sense in which the quiddity of courage is a vast concept and challenging to contemplate:

it's a huge subject Ce.2.30

Some participants considered the source of courage in general:

where it is in the brain...can it be built up, are we all born with a little or a lot or does it vary Ch.3.2-3

The source of courage for clients was felt to be a well of pain:

something that comes for me from a place that feels very...quite raw and...quite fundamental Sa.2.55-3.4

"Christopher" conceptualized courage as a quality one could call upon when required:

there's a reservoir of courage in us all...and when it gets really scary...that's when you kind of tap into the reservoir more Ch.5.19-21

This was echoed by "Sara":

I've gotta draw on every ounce of courage Sa.38.20-21.

This raises interesting questions about how much courage individuals have, and having accessed it, how one develops and sustains it.

There was a recognition that there are different types of courage:

I think therapeutic courage is moral courage...it's different from physical courage...I've worked with people that had very little physical courage but incredible reserves of moral courage Ce.24.31-44

All participants agreed that courage is about taking risks and confronting fear:

to actually think - yes I'll go into the fear, face the fear rather than you know avoiding...for me that's the point of courage St.4.16-21

My instinct is for me it's around...daring, it's around edges and thresholds, it's around taking myself beyond...my comfort zone Sa.2.49-51

Participants felt that courage plays a fundamental and pivotal role in therapy:

it must be one of the things that kind of permeates it [therapy] like that all the way through like the letters in a stick of rock Ch.30.40-42

I actually think it runs right through therapy...it's the essential ingredient Ce.2.30-31

Courage therefore appears intrinsic to therapy with potential implications for therapists in understanding its characteristics and expressions.

4.3.2 A Conscious Action and Catalyst to Change

The participants agreed that courage is imbued with a quality of energy, predominantly through making a conscious decision to choose and take action.

the basis of courage is actually...a definite...awareness of deliberately pushing myself to some level St.6.47-48

I think the nature of courage as I see it is...karma is in there...the idea that sometimes we're faced with choices and both of them are difficult so you have to decide well which choice is the best in the long run Ce.2.53-3.8

Conversely, although most clients need time to trust before feeling courageous enough to go deeper in therapy, for others there may be a psychological imperative to unburden:

it wasn't totally voluntary 'cos you've reached the end of the road Ch.10.46

Similarly, "Sara" describes that as a therapist she may have no choice but to be courageous:

if I'm really going to...offer the sort of presence that means clients can fall to more...vulnerable places...then I don't feel I have a choice...it is for me..about professionalism and honouring Sa.21.7-16

However, making a courageous choice comes at a price:

their experience of being very ill has offered them the most incredible opportunity to evaluate their life...to make...very profound decisions...but within that they've said it comes at such a cost Sa.35.3-13

I think it's being prepared to do something even if it costs you...people are showing courage when they do something in the face of odds Ce.23.50-55

Courage was perceived as often overt and discernible:

It's got for me...I guess a very sort of tangible quality to it Sa.2.50-51

However, courage is also covert or hidden:

even if they stay silent the process may be happening St.35.16

Courage was also felt to have transpersonal qualities:

I think there's something almost transpersonal about it...you're tapping into something that's bigger than you...if you have courage Ce.28.54-29.4

All participants conceptualized a continuum of courage - as a therapist:

there will be times when...it's not just totally unexpected it's actually frightening...and then I think you need a kind of higher or lower or deeper level of courage Ch.5.7-12

and as a client:

I think that you could have almost levels of it...a sense where it takes courage to come in [to therapy]...that it takes courage to stay...that it takes courage to go a bit deeper...I think it might take courage to leave sometimes Ce.41.24-37

Participants differed in their reflections on the absence of courage, implying that there are many reasons why an individual may not be able to access their courage.

Of the opposite of courage, "Cerewan" stated:

it's weird because you wanna say it's fear, but I've seen such fear in people who are courageous...but they do it anyway Ce.31.11-16

However, one of the paradoxes of courage is that it is so often fear which stops an individual taking action:

but recognizing and respecting in him...the real fear, the terror perhaps over I just can't go there Sa.31.40-41

Other participants felt absence of courage involves a state of stasis or inaction:

a willingness to be with unconscious being...in being as I am without a sort of active...awareness of my own desire to push myself St. 4.38-44

the opposite is to...withdraw or remain as you are Ch.6.20

There is a further paradox in that not accessing one's courage may actually be undertaken out of self-protection - it may be borne of fear, or it may be that other variables are in play, and may represent a conscious self-awareness not to do something:

how far can I dare myself to go here and when do I need to stop...when does it become too dangerous somehow Sa.4.32-36

I think the whole thing about courage is not quite a simple thing...and...not having it is not necessarily a bad thing maybe in a certain situation Ch.6.29-31

Finally, "Cerewan" felt absence of courage in therapists could be around unethical behaviours:

there's a certain laziness...with lack of courage that some people couldn't be bothered...you know they take the easy route Ce.31.21-30

I felt that participants revealed surprising ambiguities and paradoxes of courage and its absence, which I believe are worthwhile for therapists to reflect upon within their own processes and in recognizing them in clients.

4.4 The Synergy of Courage in the Therapeutic Dynamic

Participants emphasized how accessing one's courage in the therapeutic domain is deeply affected not just by intrapersonal capacities, but also by the nature of interpersonal experiences within the therapeutic alliance.

4.4.1 Symbiotic Processes of Therapy

All participants identified numerous symbiotic processes of therapy where courage brings to bear through both interpersonal and intrapersonal processes. I suggest this distinguishes therapeutic courage from other types of courage which might only be undertaken alone:

the relationship is a key to it Ch.7.41

being in the presence of an Other was integral to that for me Sa.5.23-24

Numerous aspects of the circular mutuality in the therapeutic relationship emerged (Appendix 35). I will focus on one key symbiotic process - the relationship between safety, fear and courage:

I think you have to have a lot of courage as a therapist to...hold the frame of the work...to keep it safe for your clients Ce.3.38-43

"Christopher" reflected upon a symbiotic therapeutic process as a client:

I must have felt comfortable with the room and the counsellor to actually say some of the things - I'm sure that's a two-way street as well Ch.7.28-29

Participants therefore suggest that courage is fostered in the co-creation of the therapeutic relationship where, in optimal therapy, the product is greater than the sum of its parts, benefiting both parties. Courage can be symbiotically created and sustained in the therapeutic relationship by therapists:

I feel like I offered a deliberate act of courage in saying I'm willing to work with this...stayed with it...yeah for me that's my courage and I think it took her courage as well for her to stay with it too St.23.31-42

Equally, the therapist needs to feel safely grounded in order to create safety for the client:

it is...about honouring the process of my clients...about trying to offer them...more profound experiences for themselves...so that if I am able to communicate to them higher or deeper...levels of I'm safely held here and therefore can safely hold you Sa.14.53-15.4

There appears to be a paradoxical relationship between fear and safety for both client and therapist:

that sense of God that looks scary but I know it's safe St.38.35

However, safety is not enough for effective therapeutic growth - courage is also required:

it became clearer for me...about creating a safe space and therefore courage maybe not being required but then realizing yes it's a both/and St.37.1-3

This is illustrated by a fear/courage continuum where a depth of therapy can occur at pivotal moments in therapy:

usually we're all terrified... so you kind of can tell because you suddenly feel really scared in the room...because this is you know we're playing for big stakes here Ce.29.17-22

this...is where...I see the greatest courage in the people I'm working with ...it's a place of greatest aliveness...for me and also of greatest fear but I guess it's..there not being able to have one without the other Sa.44.50-45.2

The findings illustrate the importance of an awareness of symbiotic processes for therapists as part of their reflexivity - "how do I create a cycle of courage in myself and my client"?

4.4.2 The Self of the Therapist: Enabling Courage in the Service of the Client

All participants discussed the practitioner's levels of courage together with their skills in fostering courage within their clients, principally engendered through therapist presence and ethical practice.

"Christopher" felt that courage is

mirrored by or from the counsellor Ch.31.13

"Cerewan" reflected that ethical practice requires therapist courage:

my definition of courage is quite closely linked to having the courage to do the right thing Ce.23.27-28

All participants believed that the therapist needs courage to be able to "hold" the client's pain as they process their issues:

I'm gonna say that I'm willing to try and hold it if you're willing to St.32.48

they might need a lot of courage to tell you something they've never told anybody and you might need courage to hear it Ce.18.33-34

There are many levels of the therapist's own courage in their work with clients:

I think you need at least a modicum amount of courage just to perform... that's just to listen and do nothing else Ch.27.15-20

As therapeutic work becomes deeper, there are greater tests of the therapist's courage in service of the client:

that's part of my sort of wanting to..challenge myself...can I hold courage here?...because yeah if I'm going to be true to myself and true to my work...then I can't not...but...it is a difficult balance Sa.30.32-42

Many skills and ways-of-being which enable therapists to work effectively are vital, such as therapist presence, felt-sense and congruent self-expression, all helping to nurture client courage:

so for me a part of the courage thing is to go into the...meta-communication St.20.44-45

I think the courage or what it gives them I guess in my witnessing them is ...something of a... self-validation in a way Sa.39.13-14

My participants' experiences therefore illustrate the considerable demands made of the counsellor's courage.

4.4.3 Crossing the Rubicon: Dimensions of Client Courage

All participants covered the huge scope of client courage, starting with the courage to initiate therapy:

I think it takes a lot of courage for people just to walk through the door...because they're starting a process of exploring something that could...well no one really knows where it's going to go Ce.2.33-34

It is important that clients trust and believe in the therapeutic relationship which generates their courage to go deeper into their process and become more self-agentic through therapeutic growth:

I go with Rogers' theories largely...that...disintegration and reintegration is a therapeutic process and means that there is a necessary need for courage to face that sense of I'm falling apart here...it's...almost like a psychological death...being willing to think that like a Phoenix I'll rise from the ashes St.3.13-20

I conceptualized therapeutic growth as "crossing the Rubicon" in the sense of the courage it takes to journey from illusion to reality i.e. there's no going back:

I can't unknow this Sa.34.52

that's the big advantage of courage...because the pay-off is you're dealing with what's real Ce.41.54-42.4

As therapy deepens, so does client fear and therefore courage:

*the double-edged sort of sense of them really the sort of - the liberation
...and the fear Sa.28.25.26*

These findings reveal the complex challenges to the client's courage which is tested at many stages.

4.4.4 The Client-in-Context

All participants discussed the levels of courage demanded of both client and therapist in terms of the client-in-context:

I'm sure that there are gradations...of levels of [courage] depending on the person...the type of client group, and the setting Ch.27.27.29

I have to use courage a lot when I'm doing trauma therapy because basically I'm taking people to a place they don't wanna go Ce.4.6-7

The context of working with end-of-life clients of course requires especial courage:

*sometimes you know working with...people who've got long-term illnesses
...it's one of the things that catches me most St.13.22-27*

*how far is my own process and how far is my own courage allowing me to sort
of look into the abyss with them Sa.15.44-46*

I felt contextual issues raise important questions, particularly in regard to how comprehensively contemporary psychotherapeutic training prepares therapists in managing such issues and the role of courage therein.

4.4.5 Liminal Thresholds of Therapy: Creativity Versus Tension

Linked closely with the client-in-context are issues around the liminal thresholds of therapy, involving working at the "edges" of therapy which feels fragile yet creative and takes much courage for the therapist especially in relation to ethical considerations, and for the client in working at the extremes of their process. As a therapist, "Steve" asks:

can I trust that if I hold with this we'll just go deeper and we won't cross the boundaries or we won't...pull away in a way that is detrimental St.31.8-9

There is a creativity that can happen at therapeutic edges:

the importance for me around liminality and...edges and thresholds and...that sort of for me is where...courage most fully seems to manifest Sa.44.35-41

I symbolized this process as working on a therapeutic "arête" where there is a sense of danger and a need for safety for both client and therapist:

that's something about the fragility and actually recognizing OK...I feel I'm gonna take the risk of walking that edge St.32.6-8

Working at the edge entails ethical challenges relative to the client context e.g. end-of-life, and is very testing for the therapist:

the liminality those sort of edge worlds where...I am part of this world and I'm glimpsing theirs... but I'm trying somehow to be in both simultaneously...that is a...different world it's different rules...it's different requirements Sa.25.28-38

and for clients:

going back to claim themselves somehow Sa.40.28-29

I believe these findings highlight the extremes of fear and creativity in certain psychotherapeutic contexts for client and counsellor.

4.5 Protecting and Enhancing the Profession

Professional issues were explored, including counsellor's personal therapy, therapist training and ethical concerns, emphasizing practitioner responsibility in upholding ethical and professional values:

you need courage I think to protect the profession Ce.20.52

4.5.1 The Indispensability of Practitioner Personal Therapy and Self-Care

All participants valued personal therapy, not only in terms of enhancing self-awareness, but also in learning how it feels to be a client in both suboptimal and efficacious therapy.

Participants explored the experience of receiving suboptimal therapy:

what I didn't get from him was a sense of I can trust him with this St.9.41

they were making out they were something that they weren't...so they couldn't really take people on a journey...because they hadn't done it themselves Ce.8.31-40

All participants appreciated the critical value of therapy in enhancing their empathy, compassion and use of self as practitioners:

I think the main thing on the courage element is to appreciate just how hard and how painful it can be Ch.14.21-22

I think having had to do some difficult things...in my own therapy, I've got a lot more compassion for people going through it themselves Ce.15.7-9

how can I truly honour the processes of my clients if...I'm not going to be able to engage in the process of daring and courage and vulnerability for myself Sa.14.40-42

In addition, all participants felt they learnt a lot from courageous clients:

you know every time I witness it [courage]...I'm amazed you know - and it sort of keeps me in the job really...because you learn so much Ce.27.16-21

Therapists' ongoing learning and the importance of practitioner self-care was also emphasised:

the courage that...I feel I need as a therapist to actually continue my own process of integrating shadows and being with my own stuff in my honouring of the courage that I witness in my clients Sa.44.27.29

My participants therefore validated the value of personal therapy for therapists through self-development and the experience of knowing what fear and courage feel like as a client.

4.5.2 The Place of Courage in Therapist Training

All participants debated courage in relation to therapist training. Whilst "Steve" felt that most training was satisfactory, there are potential gaps around how therapists work at the ethical limits of therapy which require higher levels of courage:

so I think as a trainee there's that recognition of I'm trying to offer this but there's also a restriction on that...and therefore working at the edges maybe something I'll step back from doing St.29.38-43

"Christopher" felt that courage is not explicitly "taught", whilst recognizing that courage is a personal moral quality therapists should aspire to according to the BACP:

I recall BACP guidelines we do need courage...to operate...I'm not quite sure if they teach you to be...I think it's indirect Ch.29.11-13

"Cerewan" felt strongly regarding the place of courage in counselling training:

because this isn't a game Ce.17.52 - involving

life and death issues Ce.18.15

"Cerewan" also felt that much training is not fit for purpose:

I think there are too many trainings...I think the standards are too low...I think people should be in therapy for about a year before they're even allowed to apply Ce.17.36-43

and of training institutions:

I think sometimes the training needs to be more courageous in saying "no you're not ready" Ce.18.50-51

"Sara" believed that there are gaps in contemporary training with the potential to include courage as a focus for study:

there may be gaps around looking at...how do we as trainees and as therapists actually...not simply witness courage in clients but what happens at that sort of interface? Sa.42.4-12

and also felt training should include more around contextual aspects of client work:

grieving for oneself that I feel isn't touched - I think it is touched up to points in the theory - I don't think it's touched in training nearly as much as it needs to be Sa.35.38-39

I believe this finding raises issues about contemporary psychotherapeutic training, especially regarding courage as a focus for study around client context and ethical decision-making.

4.5.3 Therapist Moral Courage and Ethical Dilemmas

Therapist courage in managing ethical dilemmas was a significant theme. Clearly, protecting therapeutic boundaries is paramount:

it's very important to hold an ethical frame and that if you don't people know immediately and it changes everything and it actually destroys the therapy Ce.14.4-6

There are always potential impingements to therapeutic boundaries which at certain therapeutic levels become increasingly challenging and involve therapist self-questioning:

it is around daring and around risk and around thinking can I trust or how am I trusting what I believe is the sort of ethical heart of us...if we're working as authentically as we can do at those sorts of levels Sa.22.53-23.3

High levels of supervision also require courage:

it's something I've grappled with in supervision Sa.15.44

Furthermore, there are challenges for therapists to consider in terms of organizational demands versus one's courage of conviction.

I'm willing to push the professional edge...I'm willing to sort of question it, because as well I don't feel that I'm particularly breaking any rules St.13.40-46

"Cerewan's" contentions related to the therapist's moral courage and unethical behaviours in individuals or organizations:

I think it is really important that people do...have courage and...do the right things and...you know speak up and say when things are wrong because they raise standards for all of us Ce.46.37-39

I believe the relationship between therapist moral courage and ethical dilemmas has particular implications for training, and is worthy of further research.

4.6 Summary

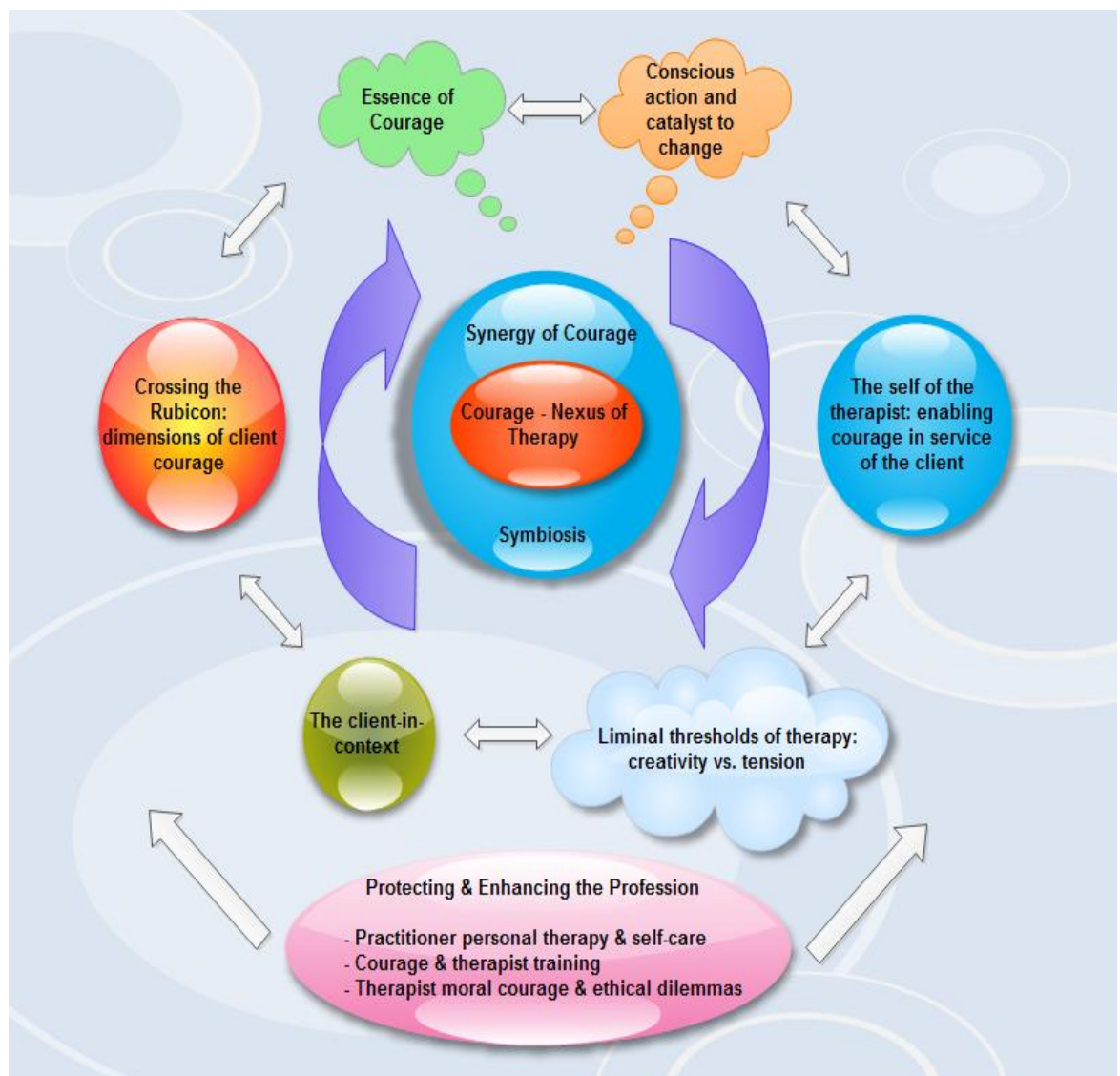
These findings illustrate the substantial spectrum of therapeutic courage in psychotherapeutic practice, highlighting key areas for individual therapists and the profession at large to consider:

- the qualities of therapeutic courage;
- client and therapist intrapersonal capabilities;
- therapeutic growth within synergistic and symbiotic dimensions of the interpersonal therapeutic relationship;

- client context and liminal thresholds;
- the value of therapist personal therapy, self-care and supervision;
- therapist training;
- professional ethical and moral issues.

Figure 2 illustrates an overarching consolidation of the findings:

FIGURE 2: THE FINDINGS : A DIAGRAMMATIC GESTALT



CHAPTER 5 : DISCUSSION

"Courage is rightly esteemed the first of human qualities... because it is the quality which guarantees all others."
Winston Churchill

5.1 Introduction

The findings highlight the substantial dimensions of therapeutic courage from the dual perspectives of therapist and client in terms of its quiddity and function, intrapersonal processes, the synergy within the therapeutic alliance, and the role of courage in counsellors' personal therapy, training and protecting the profession.

Through bracketing and openness (Finlay, 2011), I reflected upon my pre-conceptions e.g. assuming a relationship between courage and therapeutic growth; following analysis, assumptions were modified and new perspectives gained, particularly in relation to the qualities and paradoxes of courage, contextual issues, counsellors' personal therapy, training and professional concerns (Appendix 1). I re-ran original literature searches (Chapter 2) and included new areas emerging from the analysis. This chapter reviews the findings in relation to extant literature whilst maintaining an idiographic focus (Smith et al, 2012).

5.2 Courage as the Nexus of Therapy

Courage is difficult to conceptualize and describe (Rate, 2010), a fact echoed by my participants - *"it's a huge subject"* (Ce.2.30). Courage is described as *"multidimensional"* (Lopez et al, 2003, p189) and my findings illustrate the levels of courage in varied contexts for client and therapist, together with the perceptibility of courage (*"it's got...a very sort of tangible quality to it"* Sa.2.50-51). Against the background of therapeutic common factors (Tschacher, Junghan, & Pfammatter, 2014), courage was revealed to be a fundamental ingredient in successful therapy -

the nexus of therapy (*"it runs right through therapy...it's the essential ingredient"* Ce.2.30-31).

All participants felt that courage is about daring and risk in the face of fear. This resonates with Rachman (1990, p.12) who defined courage as that exhibited by individuals willing to face *"a fearful situation despite the presence of subjective fear"*. Courage has been described as fearlessness, but Rachman (1990, p.297) distinguishes the two, describing courage as *"perseverance despite fear"* which was my participants' experience. Absence of therapeutic courage generally involves fearful resistance (Rasmussen, 2002) and avoidance (Westbrook, Kennerley, & Kirk, 2014). However, my participants gave various reasons for absence of therapeutic courage including stasis, lack of energy, inaction, self-protection and laziness. Notwithstanding this, absence of courage generally includes fear and I believe there is a paradox that fear plays a part both in not taking courageous action **and** in being therapeutically courageous; Rachman (1990, p.297) describes a distinction between *"fear that is endured and fear that is not tolerated"*. I have been mindful not to use the word "cowardice", because I agree with Wein (2007, p.40) that it is *"pejorative"* when used in connection to therapy and does not reflect the sensitivities of therapeutic courage.

Different types of courage were acknowledged - psychological, moral and physical (Putnam, 2010). Psychological courage has been conceptualized as the strength required to undergo therapy and as a mechanism for growth (Putman, 1997, 2004). This resonates with my participants' experiences that therapy is about *"bearing the unbearable"* (Ce.24.48). This involves threat to the psyche (Putnam, 2004), echoing my findings around client fear and Rogers' concept of psychological *"disintegration"*

and *"reintegration"* of the self in therapy (Barrett-Lennard, 2005, p.177), visualized by "Steve" as the Phoenix rising from the ashes. Indeed, psychological courage is required for therapist and client throughout the therapeutic encounter: *"Finding therapeutic courage, like empathy and understanding, is a necessary challenge for client and therapist alike"* (Bradford, 2001, p.6).

Moral courage was also recognized as important for therapists and clients - *"having the courage to do the right thing"* (Ce.23.27-28). If courage is a combination of *"danger"* and *"endurance"*, moral courage includes *"principles"* in its context (Kidder, 2009, p.209). Miller (2002, p.255) refers to moral courage as *"making a stand"*, whilst Putnam (2004, p.2) refers to it as an *"ethical integrity"* in the midst of *"the fear of being rejected"*. Client moral courage imbues risking and choosing to do the right thing in service of the self (Bond, 2014) in the presence of an Other - the therapist - and beyond the therapy room. The therapist manifests moral courage through ethical decision-making in terms of a duty to the client, oneself and the profession (Corey, Corey, & Callanan, 2011).

It is difficult to locate a description of therapeutic courage relating to therapists **and** clients. I suggest that therapeutic courage consists of psychological and moral courage for both, similar to the moral and psychological *"blended courage"* of military personnel pursuing psychotherapy (Pury, Britt, Zinzow, & Raymond, 2014, p.30). However, another type of courage - creative courage - appears to be a component of therapeutic courage (May, 1994) in the existential sense of the therapist and client creating new meanings of the self-in-the-world (Medina, 2008; van Deurzen, 2010) - *"there's some sense that everything's clicked together"* (St.35.20). Finally, my findings illustrated courage as being embodied (distinct from physical courage),

ranging from individual felt-sense to the self-validation of end-of-life clients - *"the emotional and the physical coming together...where I see some of the greatest courage in my clients"* (Sa.44.17-21) - this echoes the concept of the embodied *"lived retreat"* of cancer patients (Öhlen, Bengtsson, Skott, & Segesten, 2002, p.318). Therefore it is possible that therapeutic courage is a mosaic of psychological, moral, creative and embodied courage for **both** clients and therapists.

Courage was generally characterized as being a conscious decision to choose and act, resonating with existential concepts of choice-in-action (du Toit, 1998; van Deurzen, 2010), and Peterson and Seligman's (2004, p.29, p.627) classification of courage as one of their *"Values in Action"*. Participants reflected upon the determination and self-challenge it takes to be courageous. In regard to chronic ill health, Haase, Heiney, Ruccione, and Stutzer (1999) explored the dynamic process of courage, and Finfgeld (1999, p. 813) described the courage required for the *"long-term stamina"* to manage such conditions. Common features of courage have been identified as *"risk, fear, purpose and action"* (Hannah et al, 2010, p.125) together with *"intentionality"* (Pury et al, 2014, p.111). However, there is a paradox that therapeutic courage may sometimes be almost an unconscious process e.g. a client's psychological imperative to unburden themselves - *"it wasn't totally voluntary"* (Ch.10.46). All participants talked of client and therapist *"felt sense"* (Gendlin, 1984, p.1/76) suggesting that courage operates at varying levels of perception. In addition, in order to be therapeutically available in service of one's clients, one may not have a choice **but** to be courageous as a therapist (*"I don't feel I have a choice"* Sa.21.12), another anomaly. It is also paradoxical that courage is not always outwardly active and can be a more Stoical process (Putnam 2010) e.g. courageous therapeutic processes happening in silence. Further, whilst participants felt therapeutic courage

is usually overt, it can also be subtle and experienced through spiritual, transpersonal levels (Strohl, 1998), karma (Lowenstein, 2005) and Gestalt phenomenological fields (Clarkson, 1994).

Therapeutic courage was defined as a catalyst to change, reflected by Goud (2005, p.114) who describes courage as *"a necessary force for enhancing and maintaining growth"*. Choice and responsibility are interdependent existentialist concepts, with an inevitable sense of loss therein (Weixel-Dixon & Strasser, 2005). One participant felt that courage is about *"being prepared to do something even if it costs you"* (Ce.23.50), reflecting Grosz who states (2013, p.121) *"a fear of loss can cause us to lose everything"*. Therapeutic courage therefore requires a level of acceptance (Yang et al, 2010) in making a choice in adversity.

Participants felt that courage could be "drawn" upon - *"there's a reservoir of courage in us all"* (Ch.5.19). This is conceptualized by Buddhism through the metaphor of *"tapping into the spring"* of the open-heartedness of *"bodhichitta"* (Chödrön, 2003, p.6) - an interesting connection with the root of the word courage relating to the heart. Chödrön (2009, p.97) also reflects: *"Deep down in the human spirit there is a reservoir of courage"*. From a neuroscientific perspective, the amygdala in the brain is known to play a part in fear (Cozolino, 2006). Recent research has identified part of the brain which contributes to courageous behaviour by regulating fear (Nili, Goldberg, Weizman, & Dudai, 2010). Thus it appears that anatomically, if not dispositionally, and against a background of nature versus nurture, all individuals can potentially harness courage and over time develop resilience (Padesky & Mooney, 2012) and hardiness (Maddi, 2006).

5.3 The Synergy of Courage in the Therapeutic Dynamic

The therapeutic relationship is a principal common factor in promoting successful client outcomes (Norcross, 2011; Tschacher et al, 2014) - *"the relationship is a key"* (Ch.7.41). Furthermore, client (Bohart & Tallman, 2010) and therapist (Baldwin & Imel, 2013) factors influence outcomes, and my findings illustrate how therapeutic courage weaves throughout the intra- and interpersonal processes in therapy for client and therapist alike. My participants identified numerous symbiotic processes in the co-creation of therapeutic relationships (Appendix 35) which demonstrates the synergism inherent within successful therapy where its whole is greater than the sum of its parts. According to my findings, symbiotic processes of courage are fostered through therapist presence and client engagement. Despite research on the key factors contributing to therapeutic efficacy (Castonguay & Beutler, 2006), there is scant research on the role of courage therein. Furthermore, courage research generally focuses on intrapersonal processes rather than the interpersonal which Jordan (2008p. 211) refers to as *"courage in connection"*.

Client courage is particularly engendered through the symbiosis of safety and trust - *"they feel safe enough to take the risk"* (St.31.53). Clearly creating a secure base within the therapeutic frame is fundamental in promoting the therapeutic bond (Holmes, 2010). Indeed it is from the springboard of boundaried safety that participants felt that client courage can be fostered by the therapist moving *"outside their comfort zone to an intimate edge"* in the relationship (Bridges, 2005, p.41). However, safety is not enough in generating therapeutic growth - courage and action are also required - as van Deurzen (2010, p.33) asserts *"What replaces insight as the prime therapeutic mover is courage."* Further, Goud (2005, p.102) states that courage is *"the energizing catalyst for choosing growth over safety needs"*.

Therapeutic courage may be overt within the therapeutic inter-relationship or hidden - as Symington (2002, p.58) avers *"Silent, inner courage is something that is required both of the patient and of the psychotherapist"*.

Participants felt that client courage emanates from a place of pain (*"raw...and fundamental"* Sa.2.55-3.4). Participants believed the therapist's presence is key to fostering client courage, resonating with Levitt et al (2006, p.317) who discuss the importance of clients being able to self-explore *"even in the face of threat"* through a trusting relationship, and that successful therapy can only be achieved through the client's *"courage to believe that change was possible"* (Levitt & Williams, 2010, p.346). My participants felt that client tenacity in staying with the therapy is important and they understood this from their own experiences as clients. In generating positive therapeutic outcomes, the findings reveal the crucial importance for therapists to engage with both their client's courage **and** their own courage. Further, participants felt that, in a symbiotic process, courage can be modelled, echoing Podvoll (1983, p.191) who asserts: *"...when the therapist practices a discipline of courage: courage becomes a quality of the therapeutic relationship"*.

There is scant literature regarding sustaining client courage, but my research shows that therapist presence **and** engagement are key (Bradford, 2001). Moltu et al (2012, p. 95) found that therapists' *"attuned presence"* is important in responding to client vulnerability and courage. Finfgeld (1999) discusses interpersonal factors important in sustaining courage in chronic ill health, including support, encouragement and validation. My findings identified a nurturing therapist presence as embodying courage, openness, honesty, intuition, felt-sense, wisdom, steadfastness, congruent self-expression, witnessing, ethical integrity, self-awareness and reflexivity. Whilst

the therapist's *"use of self"* is well-documented (Wosket, 2010, p.11), the therapist's courage is infrequently explored in the literature, in contrast to the client's (Bradford, 2001). Therapist courage is the wellspring to ethical practice and serving the client - *"having the courage to do the right thing"* (Ce.23.27-28). The therapist needs to be courageous in eliciting client courage by being prepared *"to be authentic...persevere...withstand a fear of difficulty"* (Tsai, Callaghan, & Kohlenberg, 2013, p.367). My findings highlight tenacity as important for clients and therapists to maintain courage, reflected by Pury and Kowalski (2007, p.128) who showed that perseverance is *"consistently related to physical, moral, and psychological courage"*. My research identified a spectrum of therapist courage from the courage to listen, to hold, to go deeper, and to choose; as Cozolino (2004, p.335) states, *"It can take courage to choose a course of action and pursue it"*. Therapists may even encounter a fear of violence from clients which some participants had experienced - another under-researched area (Reeves, Wheeler, & Bowl, 2004). I believe it is only through a depth of courage that therapists can develop their presence with clients - a *"communicative intimacy"* (Dublin, 1971, p.401).

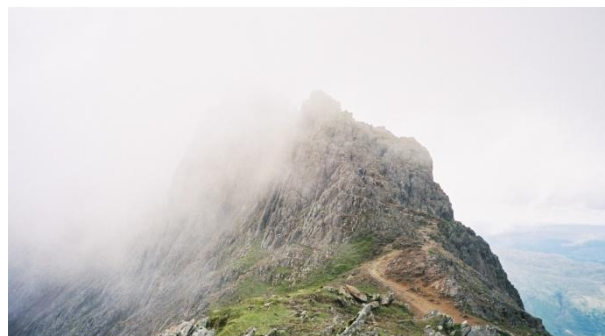
My research illuminates how client courage engenders successful outcome through reconciling fear, choice, loss, reality and liberation. Whilst client courage is acknowledged (Orlinsky & Howard, 1986; Moltu et al, 2012), my study revealed its substantial range. This concurs with Putnam's (2004, p.112) acknowledgement of the courage *"to enter therapy, continue it, and act on it"*. Thus, therapeutic courage encompasses temporal factors in terms of "gathering" courage and the "right" time to be courageous.

Pivotal therapeutic moments were considered - a *"transitional space"* (Sa.25.22) where most client courage manifests itself as clients reintegrate the self (Barrett-Lennard, 2005) and create a process to *"claim themselves"* (Sa. 40.28) - Laux (2000, p.3) describes this as *"the courage to heal...the recovery of the self"*, reflecting Putnam's (2004, p.2) view of psychological courage as *"courage in the face of psychic death"*. Creative courage involves clients making an existential choice to face reality (relinquishing *"self-deception"* - Putnam, 2004, p.19) and construct a psychological re-birth (Medina, 2008). This involves acceptance in the face of loss - the courage to *"strive for...independence...regardless of the perceived cost"* (Gruber, 2011). I envisaged this as crossing the Rubicon - that through the transition from illusion to reality, what becomes known cannot be unknown. Another client process arising from the findings was the ability to maintain intersessional courageous reflexivity, fostered through therapeutic security - *"I could hold my process"* (Sa.8.4); intersessional therapeutic mechanisms are also under-researched (Orlinsky, 2009).

Psychotherapy always occurs in context (Reeves, 2013), and my participants concurred that there are multiple contextually-driven levels of courage required for client and therapist - courage has a *"continuum of behaviours"* (Finfgeld, 1999, p.806). Participants explored tensions at liminal therapeutic thresholds for clients and therapists, resonating with Giorgi's (2011, p.81) assertion that tension is a necessary function of therapeutic growth at *"figural"* moments. There were poignant reflections of engaging with challenging contexts - participants used metaphors such as *"walking the edge"* to illustrate the double-edged dance between fear and creative transpersonal energy, where there are ethical dilemmas for therapists in pushing therapeutic boundaries, and fears for clients around *"losing the self"* in the fragility of this process. This raises the concept that working at liminal thresholds is where most

fear **and** courage are manifest. Whilst boundaries should not be broken, they can be flexible-in-context - as Feltham (1996, p.304) advances: *"it is easy to insist that absolutely non-negotiable boundaries always protect clients, but they may also inhibit creative manoeuvres in counselling in certain instances"*.

Literature regarding therapeutic courage at liminal edges is scant. Tsai et al (2013, p.367) describe how therapists need to *"stretch their limits, push their own intimacy boundaries...go beyond their own comfort zones"* in order to foster strong therapeutic relationships. In regard to working with end-of-life clients, there is minimal guidance for therapists (Danecker, 2006); liminality and courage in nursing healthcare is more widely available (Blows, Bird, Seymour, & Cox, 2012; Kerfoot, 2012). Bradford (2001, p.9) describes pivotal therapy for therapist and client as though *"both teeter on the brink"*. I visualized the liminal therapeutic edge as a mountain arête where there is danger in not being "safely harnessed", and yet creativity in making the climb:



Crib Goch, Snowden
(Personal photograph)

The Greek etymological root of "arete" means *"the aggregate of qualities, as valor and virtue, making up good character"* (Dictionary.com, 2014) and *"moral virtue"* (<http://en.wikipedia.org/wiki/Arete>), which I felt was interesting as the same word (albeit it with different meanings) symbolically connects fear, safety, creativity and morality.

5.4 Protecting and Enhancing the Profession

Therapist courage extends beyond therapeutic relationships to encompass professional issues: personal therapy/self-care, training and ethics. Personal self-reflection is key in therapist training, clinical work and ongoing development, and personal therapy is mandatory for many courses (Wilkins, 2006). As Cozolino (2004, p.1478) states: *"It is absolutely necessary for therapists to be courageous in the exploration of their own internal worlds"*. Personal therapy is generally acknowledged as being integral to therapist development (Geller, Norcross, & Orlinsky, 2005), although it is under-researched (Rønnestad & Ladany, 2006), as are the pros and cons of mandatory personal therapy for trainees (Chaturvedi, 2013; Rizq & Target, 2010). I could not find any research regarding therapeutic courage and counsellors' personal therapy; however, my participants valued their personal therapy in terms of appreciating the client experience, confidentiality limits and the process of therapeutic "shift" with an understanding of the role fear and courage play. Therapeutic courage was also better understood through unfortunate experiences of suboptimal personal therapy, another under-researched area (Daw & Joseph, 2007).

All participants felt that their personal therapy was a bridge between their experience as clients and their clinical practice as therapists. Firstly making one's own therapeutic journey was acknowledged as critical in service of oneself and one's clients. This reflects Corey et al's (2011, p.48) contention that: *"Your appreciation for the courage your clients will require in their therapeutic journey will be enhanced through your experience as a client"* and Scher (2001, p.13) who asks *"How can I offer them [clients] less than to go to my own edge of fear, doubt and ignorance?"*. This involves integrating aspects of self, including one's shadow (Page, 1999). Thus enhanced self-knowledge and knowledge of the therapeutic process were valuable to

participants - *"I know from my own experience that it's worth it"* (Ce.4.36) - reflecting recent research (Oteiza, 2010; von Haenisch, 2011).

There is scant research regarding the impact of counsellor's personal therapy upon their clients' therapeutic outcomes, a difficult process to evaluate (Rønnestad & Ladany, 2006) and beyond the scope of this study. However, my participants found that personal therapy helped them to become better therapists through increased self-awareness, enhanced understanding of fear and courage as a client, and deeper empathy, compassion, and the therapy and presence that they could offer their clients. This reflects the findings of Macran, Stiles, and Smith (1999) who found a relationship between experiencing helpful therapy and being able to provide it, and the benefits to the client of developing therapist qualities such as empathy (Elliott, Bohart, Watson, & Greenberg, 2011; Macran & Shapiro, 1998) and maintaining the therapeutic alliance (Orlinsky et al, 2011). I acknowledge that not all therapists find personal therapy beneficial (Rake & Paley, 2009), that personal development may take many forms (Atkinson, 2006) and some individuals find mandatory personal therapy stressful (Kumari, 2011). However, I believe my study reveals a positive cyclical process through which experiencing therapeutic courage in personal therapy helps therapists to develop the optimal pre-requisites for successful outcomes in their clients.

It takes courage for therapists to pursue ongoing self-development, *"additional personal therapy"* (Travers, 2001, p.13), self-care, optimal professional practice and prevent burn-out (Kottler, 2010; Reeves, 2013). My participants described their courageous use of peer and clinical supervision, reflecting the core value of supervision in psychotherapy (Wosket, 2010). Recent research (Nissen-Lie, Havik,

Høglend, Monsen, & Rønnestad, 2013, p.492) emphasizes the importance of therapist personal and professional development, including continued *"countertransference management ability"* which I believe is a further key area for courageous reflexivity.

Another source of learning related to how much participants gained from their clients' courage, which was an important symbiotic therapeutic process. Whilst vicarious traumatization is an acknowledged risk for therapists (Mathieu, 2012), the positive effects of clients upon therapists is much less researched (Kottler, 2010), as is the concept of learning from clients (Stahl et al, 2009). A study by Orlinsky et al (2005, p.57) found that a majority of therapists experienced a sense of *"flow"* - rewarding feelings (Seligman & Csikszentmihalyi, 2000) - in their work. Therapist awareness of courage as a process for themselves and their clients as a dynamic happening within - and outwith - the relationship was of critical importance to my participants - *"every time I witness it...[courage] I'm amazed...because you learn so much"* (Ce.28.16-21). This echoes Hunter's (2012, p.179) research balancing vicarious traumatization with the immense learning that comes from *"walking in sacred places with the client"*.

Therapist training was another interesting theme to emanate from my findings and where there is limited research (Rønnestad & Ladany, 2006). Participants differed in their perceptions of training - most felt training to be adequate, with the caveat that there are gaps, particularly in the areas of client context and ethical decision-making. Some participants felt there was inadequate coverage in training in regard to client contextual issues and working at liminal thresholds. This concurs with Reeves et al (2004), who in an analysis of risk assessment in training, identified certain gaps with a plea for this area to become an assimilated part of counsellor training. Further, as

Reeves (2013, p.2) asserts *"Counsellors and psychotherapists need to be equipped by their training to work in a wider variety of contexts"*. Counsellors can develop focused skills through Continued Professional Development, but there is nonetheless a need for initial training to explore contextual and ethical issues which raises the question - how thorough is contemporary initial counselling training? Indeed as Carver (2013, p.22) recently stated - *"Are training standards fit for purpose?"*. One participant felt there were too many counselling courses, with low standards and too influenced by organizational economics in terms of student numbers - trainers may also need to be courageous enough to say to trainees *"you're not ready"* (Ce.18.51), but how often does this happen?

According to Holmes (1996, p.259), ethical values (wherein lies courage) *"tend to be neglected"* in psychotherapy. The moral courage of the psychotherapist is key in promoting effective therapy through ethical practice (Bond, 2014), and the BACP's (2014, p.3) Ethical Framework advances courage as a *"personal moral quality"* counsellors should aspire to. However, as Clarkson (2001, p.44) asks, *"how can we foster...moral courage in training and supervision and our organizational life?"* Can courage be taught? According to Kidder (2009, p.3541) moral courage can be *"nurtured, taught, practiced, and attained"*. Can courage be learnt? According to Pury (2008, p.127) it is *"quite likely"*. Conant (n.d., cited in Snyder, Lopez, & Pedrotti, 2011, p.239) asserts that one can become more courageous through *"preparation"* and *"faith"*.

I propose that targeting therapeutic courage throughout course elements, particularly client context, risk assessment, ethical decision-making and the organizational working milieu, would be valuable. Mackrill and Iwakabe (2013) promote the role of

case studies and varied client context within psychotherapy training, whilst Murphy (2011) advances radical training options to include modules concerning trainees' personal ethics. Furthermore, an integrated model of self-awareness has been proposed for psychotherapy training (Pieterse, Lee, Ritmeester, & Collins, 2013), and Gruber (2012, p.252) describes the benefits of teaching Humanistic Cognitive Behavioural Theory by incorporating courage as *"the mechanism for change"*. An interesting proposal came from one participant who reflected upon the merits of a dedicated training module focusing upon courage and trainees' experiential self-development for managing the challenges of counselling training and beyond.

Therapists' moral courage is also tested by external factors such as organizational and professional challenges, a theme which emerged beyond my original study aims. I believe it is vital that training provides effective preparation for wider counselling professional contexts. As Jenkins (2012, p.37) asserts: *"therapeutic work does **not*** operate in an ethical bubble, sealed off from responsibilities towards the outside world"*. One participant did not believe that trainees are routinely prepared for managing ethical professional issues e.g. working in an unethical organization. Wider organizational and cultural contexts of counselling cannot be underestimated (Orlinsky, 2009, p.335) - *"the collective context of therapy"*. Moral courage is a prosocial behaviour involving *"standing up for values"* (Kidder, 2009, p.136), but as Kidder states (2009, p.136) *"**having*** values is different from **living*** by values"*. This was echoed by "Cerewan" who stated *"a lot of people sign the Codes of Ethics but you need courage to...keep them"* (Ce.21.1-2), and she used the same phrase as Rate and Sternberg (2007, p.3) in terms of the individual's motivations in dysfunctional organizations *"when good people do nothing"*. Moral courage may

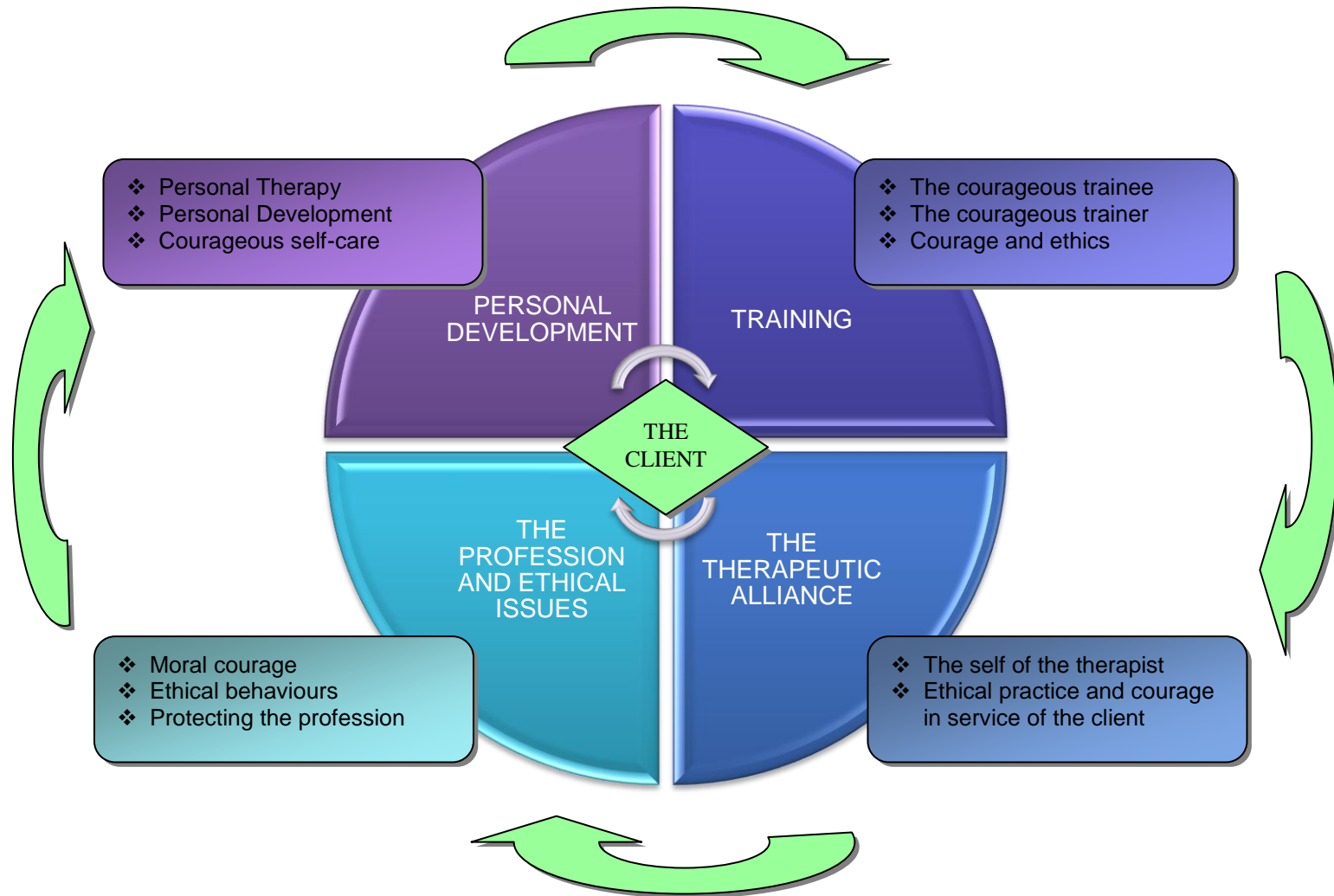
*author emphasis

involve protecting boundaries whilst being challenged by unethical external impingements; it may even involve courage of conviction through whistleblowing "*for the greater good*" (Kohn, 2011, p.60). Thus in the same way that therapists process their shadow (Page, 1999), there is a sense in which therapists need to integrate "*the collective shadow*" of the profession (Page, 1999, p.141). It has been proposed that counsellor education incorporates elements of moral philosophy (Urofsky & Engels, 2003), and I believe that this, together with a focus on therapeutic courage as part of counsellor training, can only be of substantial value in all the domains of psychotherapeutic endeavours.

5.5 Summary and Implications for Practice

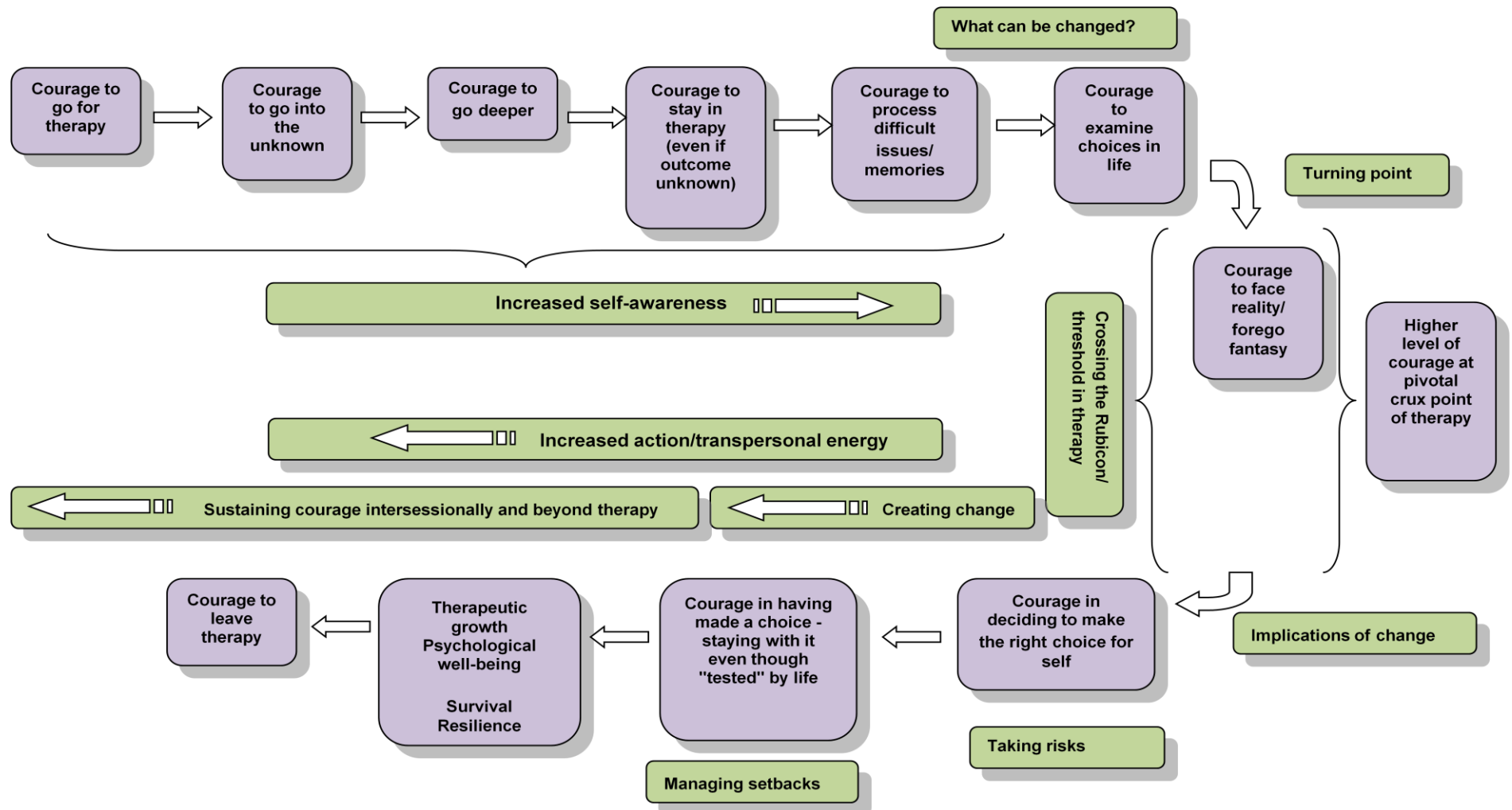
My findings led me to conceptualize the extensive scope of therapist courage, with the client always central to therapeutic activities - Figure 3:

FIGURE 3: THERAPIST REALMS OF COURAGE



Furthermore, my participants' experiences were so profound that I felt moved to conceptualize the complex layers of client courage which I feel could benefit therapists in reflecting upon their clients' processes throughout therapy - Figure 4.

FIGURE 4: THE THREAD OF CLIENT COURAGE IN THE THERAPEUTIC PROCESS



I believe my research contributes to extant literature on the psychology of courage by illustrating the nature and role of courage within the therapeutic domain from the dual perspectives of client and therapist, and has the following implications for practice -

Table 3:

TABLE 3: IMPLICATIONS FOR CLINICAL PRACTICE

1. **Appreciating therapeutic courage as the nexus of therapy and its role in therapeutic growth and change**
 2. **Experiencing and understanding the different qualities of therapeutic courage and how it manifests itself in clients and therapists, and in different contexts**
 3. **Recognizing, nurturing and sustaining client courage**
 4. **Recognizing, nurturing and sustaining one's own courage as a therapist - How do I create a cycle of courage in myself and my client?**
 5. **Consideration of the importance of personal therapy for therapists through increased self-awareness and understanding of client courage**
 6. **Consideration of the place of therapeutic courage as a focus for study in counselling training modules**
 7. **Understanding the relationship between therapeutic courage and ethical decision-making in service of the client and the profession**
-

I therefore suggest that there are implications for therapists through experiencing and understanding therapeutic courage at the micro-processual level within the therapeutic relationship, and in relation to multiple levels of therapeutic courage required for contextual ethical practice in service of clients and in service of the self of the therapist. I also believe that therapeutic courage has implications for consideration at the macro level, particularly in relation to therapists' personal therapy, contemporary training, ethical decision-making and the profession at large.

CHAPTER 6 : CONCLUSION

"I learned that courage was not the absence of fear, but the triumph over it. The brave man is not he who does not feel afraid, but he who conquers that fear."

Nelson Mandela

6.1 Outcomes Overview

The aims of my study were to establish how counsellors understand and experience therapeutic courage as client and therapist, and the relationship between courage and therapeutic growth. The quiddity of therapeutic courage was highlighted as the nexus of therapy and a catalyst to therapeutic growth and change. Therapeutic courage was shown to involve risk in the face of fear and the unknown, and to be predominantly a conscious moral decision to choose the right course and take action, whilst accepting any loss to the self in so doing. Some paradoxes of courage were also established e.g. courage experienced as overt or subtle.

Courage was experienced by participants as clients and therapists within the synergism and symbiotic processes of the therapeutic alliance. Courage and safety were felt to be symbiotically related, with both being required to promote therapeutic growth. A considerable range of therapist courage was highlighted through fostering a witnessing presence and facilitating client courage. A continuum of client courage was also revealed, involving the reconciliation of fear, choice, loss and reality. Levels of courage were identified on a spectrum relating to depth therapy, client context and ethical decision-making. At pivotal moments and liminal edges of therapy (symbolized as an arête), high levels of tension for both clients and therapists were identified in the process of balancing fear, courage and creativity.

In terms of personal therapy participants felt this provided critical learning, acting as a bridge between experience as a client and practitioner. Benefits of personal therapy

included an understanding of therapeutic courage in the context of intrapersonal self-awareness and growth, appreciating client courage and the interpersonal therapeutic process, and developing empathy, compassion and reflective presence as a therapist.

Therapeutic courage was illuminated as a thread running through all domains of therapy, from the intimacy of the therapeutic alliance to the profession as a whole. Furthermore, a significant theme emerged identifying gaps in contemporary training where there is potential to include a focus on therapeutic courage, reflecting Rowan's (2005, p.199) contention that the majority of courses omit transpersonal processes which is surprising given that they are *"such an important area of human experience"*. Finally, the inextricable relationship between therapist moral courage and ethical decision-making was highlighted, beyond the original study aims, providing food for thought in terms of how therapists serve and protect their profession as trainees and beyond.

6.1.1 A Definition of Therapeutic Courage

Table 4 provides a possible definition of therapeutic courage emerging from the findings:

TABLE 4: A DEFINITION OF THERAPEUTIC COURAGE

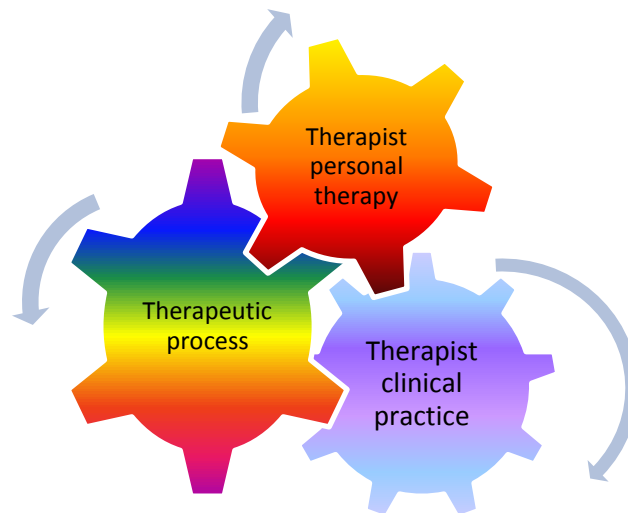
Therapeutic courage is a mosaic of psychological, moral, creative and embodied courage for clients and therapists, involving risk in the face of fear and the unknown, choice in the face of loss, and action in service of accomplishment

COURAGE TYPE	MEANING
Psychological courage	Threat to the psyche - also known as " <i>vital</i> " courage (Rate, 2010, p.48) in overcoming the challenges of physical illness and mental distress
Moral courage	Ethical integrity in taking a stand and choosing to do the right thing (Miller, 2002)
Creative courage	Generating new sense-making and meanings (Medina, 2008)
Embodied courage	A holistic conceptualization of the emotional and physical coming together. This can manifest as felt-sense (Gendlin, 1984) and embodied experience for client and therapist. It can also emerge in the lived experience of, for example, end-of-life clients in the sense of " <i>embodied meaning</i> " (Öhlen et al, 2002, p.318). This can be seen as distinct from physical courage which involves a choice in putting oneself in a potentially life-threatening situation. For the end-of-life client, for example, embodied courage emerges in the face of inevitable death where one can choose to validate one's sense of self both physically and emotionally

6.2 Limitations

As a researcher, I acknowledge research limitations (Flick, 2011). Firstly, in terms of what worked in this study, I believe the triangulation in the study design - the dual perspectives - was effective, as in addition to therapist experiences, it embedded an idiographic focus upon the client's voice (Cooper, 2011). I also believe that IPA conferred creativity through depth analysis of dual perspectives, enriching the study by providing a circularity of experience - Figure 5:

FIGURE 5: THE CIRCULARITY OF THERAPEUTIC COURAGE IN THE RESEARCH DESIGN



I also felt it was valuable to work with a demographic gender balance across participants, particularly in a profession which is seen as "*feminized*" (Philipson, 1993, p.4).

In terms of limitations, although the results provide valuable insights from individual lived experience, the small sample size and analytical method render generalization of findings to wider populations only tentative (Willig, 2013). Furthermore, the sample was limited in terms of ethnic origin (Lago, 2006). Additionally, social constructionism, which informs qualitative research, has been criticized through its emphasis on language over other processes such as embodiment (McLeod, 2011b). I therefore attempted to compensate for this by taking a holistic, embodied approach to my study through openness and deeper sensing of participant presence (Finlay, 2006; Todres, 2007).

IPA also has limitations which encompass how use of language and meaning preclude complete understanding of individual experience; there is also criticism

regarding the variance and validity in articulating experience, and how phenomenological research foregrounds description over explanation (Willig, 2013). Postmodern perspectives place great store upon the use of language (Langdridge, 2007), and thus transpersonal experiences such as courage may be more difficult to capture. Further criticism of IPA relates to the theoretical dissonance in aligning the cognitive stance (Cartesian dualism) of IPA with phenomenological philosophy (Langdridge, 2007), although Smith et al (2012, p.191) describe cognition in relation to IPA as *"dilemmatic, affective and embodied"* and *"one aspect of being-in-the-world"*.

6.3 Future Research

I believe there is considerable scope for further exploration of therapeutic courage and offer the following research areas:

- the psychological, moral, creative and embodied components of therapeutic courage;
- client courage in therapeutic micro-processes, varied client context (e.g. couples therapy), intersessional courage, and researching clients who are not therapists;
- dimensions of therapist courage;
- multicultural perceptions of therapeutic courage;
- therapeutic courage at liminal therapeutic thresholds;
- microprocesses of therapist and client courage within the same therapeutic event;
- therapeutic courage in relation to counsellor's personal therapy and practice, counselling and psychotherapeutic training, and ethical decision-making;
- a larger-scale, methodologically pluralistic study which may be beneficial for complex concepts such as courage (Davis, 2009).

6.4 Summary

Whilst acknowledging that courage is a complex concept which is under-researched, I hope that my study casts a refreshing light on therapeutic courage from the micro-processes in therapy to the macro levels within the profession at large. The client is at the heart of all therapeutic endeavours and therefore it is valuable for therapists to experience and understand what fear and courage **feel** like, and what it **takes** to be courageous. This experience helps the therapist to **engage** with their clients in a holistic way, encompassing conscious and unconscious processes, and at cognitive, embodied, intuitive and transpersonal levels. Thus, I hope it is of value for therapists to consider their own experiences of courage in all therapeutic domains, as indeed I have done. I also believe there is scope for considering the place of therapeutic courage in training courses as an experiential self-development process, and in terms of contextual ethical decision-making.

Although neuroscience continues to provide evidence of beneficial effects on the brain of positive emotions (Garland et al, 2010), I believe that psychotherapy is an art (Bugental, 1992; Feltham, 2008; Nielson, 2008; Orlinsky, 2005) in respect of its creative processes. Venturing into the unknown is a human archetypal story - a metaphor for how we grow from "*chaos*", through a journey of choice and "*confrontation*" to eventual "*resolution*" (Yorke, 2013, p.29-31). I would contend that against a background of hope and faith, the virtue of therapeutic courage is the bridge to resolution; as Dahlsgaard, Peterson, and Seligman (2005, p.212) aver, it is the virtues which allow individuals "*to struggle against and to triumph over what is darkest within us*".

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APPENDIX 1: REFLEXIVE EPILOGUE

Early thoughts - 18.1.13 - The seeds of my research sprang initially from an interest in therapeutic growth - "mattering" to self and others, development of resilience, self-compassion, self-actualization and a profound interest in transpersonal psychology. I was drawn towards courage as a transpersonal process but had never particularly considered it at depth or in terms of its micro-processes. Having focused on therapeutic courage as a research topic I was initially not entirely sure how to research it. As a transpersonal process, I wanted to capture the "height" as well as the "depth" of experience - to capture the mind, body and *spirit* (i.e. not just the cognition) i.e. the "more than" in a holistic, psychosynthetic sense (Firman & Gila, 2002). As Davis (2009, p.8) states *"an experience cannot be reduced to a collection of behaviors and cognitions but must be viewed as a whole"*. Is a methodologically-integrated approach better in terms of understanding difficult to define, transpersonal *"positive psychological states"* (Davis, 2009, p.4) - phenomena such as courage? This approach appealed to me as did the concept of pluralistic research (Frost et al, 2011) and transpersonal research (Anderson & Braud, 2011). However, as a novice researcher these were ambitious thoughts!

I have been increasingly interested in IPA and its process of interweaving phenomenology, hermeneutics and reflexivity. Exploration of research papers produced those looking at transpersonal phenomena e.g. awe (Bonner & Friedman, 2011) and spirituality (Cassar & Shinebourne, 2012), which made me feel more confident that IPA should be my method of choice for my study analysis. Further, that IPA acknowledges the role of the researcher was very important for me. I was also drawn to IPA as it retains the participant within the whole.

4.9.13 - My personal assumptions about courage (what was my "natural attitude"?)

"..before we can bracket our presuppositions and assumptions we need to become aware of what they are." (Finlay, 2002a, p.4)

Courage in general - my assumption was that courage entailed having the nerve to go into uncharted territory or activity where there is an element of anxiety or fear. However, I was not exactly sure *how* one takes that step - I would assume there to be a myriad of triggers. I have been courageous myself on occasion - my triggers were around being driven to do something despite anxiety.

Therapeutic courage - my assumption was that therapeutic courage enables clients to unlock a process of deeper work in therapy. But beyond the core conditions, a safe frame and a good therapeutic alliance, what generates client courage? - I assumed a complex melding of inter- and intrapersonal factors. I assumed that absence of therapeutic courage came about through overwhelming anxiety. I assumed there to be a relationship between courage and therapeutic growth. I presumed that therapists need some courage to practise. I also felt that personal therapy was an important part of becoming a therapist, both in terms of understanding what it's like to be a client, and in terms of psychological self-development. In addition to pre-conceptions, thinking about courage raised many questions for me:

- What is the essence of courage?
- Are there different kinds of courage?
- What does courage feel like?
- What does courage mean to people?
- What are the complexities of courage in therapy?
- How much does the therapeutic relationship promote client courage?
- What are the factors which generate intrapersonal courage?
- How courageous do therapists need to be?
- How can courage be sustained?
- Do people need courage to counter resistance?
- Can courage be taught or can anyone be courageous?

APPENDIX 1: REFLEXIVE EPILOGUE/cont.

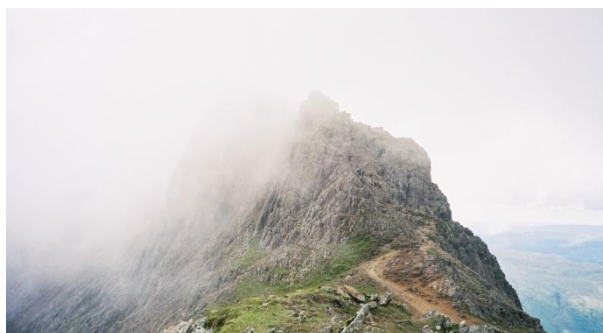
September-November 2013 - The Interview Process - I consciously turned the mirror towards all my participants, genuinely interested in their perceptions, meanings and experiences. I avoided giving any definitions of courage as I was curious to understand the sense-making of the Other. I very much attempted to be "naive" in my asking of questions. I undertook a mindful meditation prior to each interview in order to ground myself. Over and above anything else was my desire to be open to the "lifeworld" of the Other. I felt like I was on a quest into the unknown and felt excited because I did not know what I would find. My intention was to be genuinely open to the Other whilst concomitantly being conscious of my preconceptions and assumptions. I attempted to allow both participant and myself to "relax" into the interview, physically and psychologically. I was absolutely fascinated as thoughts, feelings, experiences, themes and concepts emerged which I had not anticipated, and I was intrigued by the incredibly rich variety of ways my participants approached my research question and how they perceived and experienced it.

I was deeply touched and moved by the trouble participants went to in terms of their profound levels of thinking and feeling, and their candour in expressing their experiences. I felt an embodied response with participants (Finlay, 2006; Todres, 2007) - for example, I felt a deep level of empathy and compassion as participants were moved themselves in the telling of their experiences. I was aware of their embodied responses in sharing very intense and raw feelings from their own personal therapy and their work with clients. I was aware of their embodied expressions of metaphor and animation in exploration. I sensed the "presence" of individuals being so honest, considered and heartfelt in their reflections. I thought it was also poignant as participants shared with me that they had found the interview a valuable, crystallizing and validating process. It was an absolute privilege to share a space with individuals who not only gave up their time for the research in such an altruistic way, but displayed a great deal of courage themselves in being prepared to so.

The Analytical Process

18.11.13 - I have now started my analysis proper through a case-by-case process. In terms of interpretation, I was aware of the need to achieve a balance between hermeneutics of empathy and suspicion, thus attempting to make sense of the participant's sense-making whilst "*standing alongside the participant*" (Smith et al, 2012, p.36) and ensuring that interpretations were grounded in the data. I have been mindful throughout the research process of reflection-in-action (Lavender, 2003) in order to facilitate a considered analysis in positioning myself in the research pre- and post-findings (Finlay, 2002b).

November 2013-February 2014 - There is a strong sense of themes emerging around aspects of ethics and the sense of both counsellor and client "walking the line/edges" in the therapeutic process. A very strong image came to me throughout analysis of a mountain arête to symbolize a sense of danger if one is not "safely harnessed", and yet a sense of creativity in making the climb. I visualized this as Crib Goch on Snowden, with the mist symbolizing going into the unknown (Personal photograph):



The term "arete" (from the Greek etymological root) also means "*the aggregate of qualities, as valor and virtue, making up good character*" (Dictionary.com) and "*excellence of any kind*"

APPENDIX 1: REFLEXIVE EPILOGUE/cont.

and "moral virtue" (<http://en.wikipedia.org/wiki/Arete>). I felt this was at the least a fascinating connection, if not an extraordinary coincidence, because the same word (albeit it with different meanings) symbolically connects fear, safety, creativity and morality.

7.2.14 - So much has happened in such a short space of time! Today I finalized my master themes - which in a strange way "came to me" - it very much felt like an intensely inductive process. It actually felt like an epiphany - I had an initial view of what the master themes would be and there were about 9, but these gradually became subsumed into higher level master themes such that they could be presented diagrammatically. It felt like a breakthrough!

28.2.14 - I am looking at things so differently now from when I first started making research notes and finalising my proposal a year ago. I feel that I have learnt so much from my participants through immersing myself completely and intensively into their world for several months. Moving around the hermeneutic circle as I embarked on updating the Literature Review and writing the Discussion I was able to take a more "helicopter view". Prior assumptions were clarified, amplified and modified through my participants' experiences as I reframed how I view courage within my own experiences. I also felt that I gained new perspectives through my participants' experiences and the findings especially in relation to:

1. therapeutic courage as encompassing psychological, moral, creative and embodied courage;
2. the ambiguities and paradoxes of courage;
3. levels of courage;
4. contextual impacts on client/therapist courage;
5. the role of courage at liminal edges in therapy;
6. the impact of personal therapy for therapists;
7. the place of courage in therapist training and how valuable it would be to cover this in more depth, including experiential self-development, client courage and its relationship to therapeutic growth, and practitioner courage within the therapeutic relationship and in terms of making courageous ethical decisions;
8. the therapist's courage in protecting the profession.

25.4.14 - I completed my first full dissertation draft today, feeling a huge sense of relief and accomplishment. I believe that the findings brought up fascinating areas which I had not anticipated (some of which were beyond the original research aims), in particular, issues around moral courage, liminality, ethics, training and the profession at large. This research provides a top-line, broad-brush view of therapeutic courage which in many ways belies the very rich findings which emerged from the analysis of so much data, and I was therefore somewhat frustrated with the limited space I had in which to do them justice. However, I felt that the findings highlighted the importance of the transpersonal process of courage within and across therapeutic undertakings, such that I hope it is not getting lost somehow in contemporary training and in the current climate of evidence-based therapy. I do feel strongly that psychotherapy is an art in terms of its creativity and that *"learning to practice psychotherapy has a broader scope than merely acquiring technical qualifications"* (Nielsen, 2008, p.163). Psychotherapy will inevitably involve an element of the unknown (Bion, 1967a cited in Casement, 1991; Nielsen, 2008), and therefore therapeutic courage is the counterbalance to this in the archetypal narrative of changing heart and seeing the whole (Booker, 2010) where *"there is always a 'more' in living"* (Todres, 2007, p.27). I therefore believe that this research provides a platform for a variety of future research opportunities. I feel more inspired than ever (if that's possible!) about the psychotherapeutic profession, and the whole research process has been incredibly dynamic, exciting, illuminating and rewarding.

APPENDIX 2: LITERATURE SEARCH OVERVIEW

FOCUS OF RESEARCH

My literature review encompassed the following overarching areas of focus:

1. **Therapeutic courage**
 - the psychology of courage
 - therapeutic courage including the therapeutic process, client courage, therapist courage
 - impact of client courage on therapist
2. **The therapist's personal therapy and the potential impact on clinical practice**

SEARCH STRATEGY

Specific electronic searches were performed in the following databases:

- ★ PsycINFO, PsycARTICLES, PsycBOOKS & Psychology and Behavioral Sciences Collection
- ★ The University of Chester Library
- ★ Manchester University Library
- ★ Manchester Metropolitan University Library
- ★ Google Scholar
- ★ Cambridge Journals Online
- ★ Dawsonera
- ★ Taylor and Francis Online
- ★ Wiley Online Library
- ★ APA PsycNET
- ★ ProQuest
- ★ Science Direct
- ★ SocINDEX
- ★ Springer Link
- ★ Internet/Google
- ★ Web of Science
- ★ Pubmed

I consulted many textbooks and journals regarding the key domains for the research through physical and electronic searches, in particular, via the University of Chester library, PsycINFO, PsycARTICLES, PsycBOOKS & Psychology and Behavioral Sciences Collection, Amazon, Google books, and my own collection.

SEARCH TERMS

The search terms, and combinations thereof, were extensive, but the key ones utilized are listed below. These include Boolean searches with Wildcards to refine searches in specific databases such as PsycINFO, PsycARTICLES, PsycBOOKS & Psychology and Behavioral Sciences Collection. Key searches have been stored in my EBSCO account. More general phrases were used, for example in Library, internet and Google/Google Scholar searches. I list below keywords used, with examples of specific results from PsycINFO/PsycARTICLES, PsycBOOKS & Psychology and Behavioral Sciences Collection:

APPENDIX 2: LITERATURE SEARCH OVERVIEW/cont.

Therapeutic Courage

Search Phrase/Date	Search date	Year span	Results
therapeutic AND courage	3.3.14	1950-2014	193
therapy AND courage	3.3.14	1950-2014	408
psychotherap* AND courage OR bravery	3.3.14	1990-2014	582
courage AND therap* AND client	3.3.14	1950-2014	124
courage AND couns* AND therapist	3.3.14	1950-2014	73
couns* AND courage	3.3.14	1950-2014	290
therapeutic AND process AND courage	3.3.14	1950-2014	106
courageous AND client	3.3.14	1950-2014	38
courageous AND therapist	3.3.14	1950-2014	69
impact AND clients AND therapists AND courage*	3.3.14	1950-2014	8
learning AND clients AND psychotherapists	3.3.14	1950-2014	247
Searching using keywords of potential blocks to courage such as fear, anxiety or resistance find many results, often concerning anxiety disorders and not necessarily focusing on courage per se. However, these searches have elicited useful references from the results most highly rated as relevant.			

<u>Other search terms used in literature databases</u> courage AND (couns* OR psychotherap*) AND client therapy AND (courage OR bravery) couns* AND (courage OR bravery) couns* AND (fear OR courage) psychotherapy AND (courage OR resistance) couns* AND (fear OR anxiety) therapy AND (fear OR courage) implicit AND theories AND courage fear AND courage courage AND psychology (therapeutic AND change) AND (courage OR bravery) (therapeutic AND process) AND (courage OR bravery) (common AND factors) AND (courage OR bravery) (therapeutic AND process) AND (fear OR courage) (therapeutic AND process) AND (resistance AND courage) (therapeutic AND process) AND (resistance OR courage) client AND factors AND psychotherapy OR couns* impact AND clients AND therapists vicarious AND clients AND therapists AND (courage OR fear) learning AND clients AND psychotherapists AND (courage OR fear) impact AND clients AND couns* vicarious AND clients AND therapists vicarious AND clients AND couns* effect AND clients AND therapists effect AND clients AND couns* positive AND vicarious AND clients AND therapists positive AND vicarious AND clients AND couns* learning AND from AND clients learning AND from AND clients AND courage	<u>Other search terms used in search engines such as Google Scholar</u> client courage in psychotherapy client courage in counselling courage as a metaphor in psychotherapy courage in psychotherapy courage its nature and development courage to change failure of courage implicit/explicit theories of courage emotional resilience healing in psychotherapy what are the commonalities among the therapeutic common factors? how do counsellors maximize client engagement in therapy? how do therapists conceptualize agency? meaning in psychotherapy positive psychology promoting psychological strength confronting fears in psychotherapy fear in counselling how do counsellors foster courage in the therapeutic process? the psychotherapeutic process change in the psychotherapy process client courage in counselling client courage in psychotherapy
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APPENDIX 2: LITERATURE SEARCH OVERVIEW/cont.

The therapist's personal therapy

Search Phrase/Date	Search date	Year span	Results
psychotherapist AND personal AND therapy	3.3.14	2004-2014	750
psychotherapist AND personal AND therapy AND courage	3.3.14	1950-2014	2
couns* AND personal AND therapy AND courage	3.3.14	1950-2014	19
psychotherapist AND personal AND therapy AND clinical practice	3.3.14	1950-2014	97





























































<u>Other search terms used in literature databases</u> couns* AND personal AND therapy AND clinical practice psychotherapist AND personal AND therapy AND fear reflective AND practice AND personal therapy reflective AND practice AND personal AND therapy OR courage personal AND therapy AND courage couns* AND own AND therapy AND bravery couns* AND own AND therapy AND courage psych* AND own AND therapy AND courage psych* AND own AND therapy AND bravery	<u>Other search terms used in search engines such as Google Scholar</u> counsellor's experience of courage counsellor experience of courage in therapy the therapeutic use of self psychotherapist experience of own therapy counsellor's experience of own therapy
--	--

LIST OF KEY JOURNALS CONSULTED

Journals were either reviewed physically or electronically, with an emphasis on results from the last 10 years. Electronic searches were specifically via PsycINFO/PsycARTICLES, PsycBOOKS & Psychology and Behavioral Sciences Collection, the University of Chester Library, and the Internet.

American Journal of Sociology
British Journal of Guidance & Counselling
Clinical Psychology Review
Counseling and Values
Counselling & Psychotherapy Research
Counselling Psychology Quarterly
European Journal of Psychotherapy & Counselling
Healthcare Counselling & Psychotherapy Journal
Humanistic psychotherapies: Handbook of research and practice
International Journal for the Advancement of Counselling
Journal of Clinical Psychology
Journal of Contemporary Psychotherapy
Journal of Counseling & Development
Journal of Counseling Psychology
Journal of Philosophy, Psychology and Scientific Methods
Journal of Psychotherapy Integration
Psychoanalytic Psychology
Psychology & Psychotherapy: Theory, Research & Practice
Psychotherapy
Psychotherapy Research
Scandinavian Psychoanalytic Review
The Journal of Positive Psychology
Therapy Today

APPENDIX 3: DATABASE SEARCHES SCREENSHOT : March 2014

Search ID#	Search Terms	Search Options	Actions
S15	 psychotherapist AND (personal AND therapy) AND clinical practice	Limiters - Published Date: 19500101-20141231 Search modes - Boolean/Phrase	 View Results (97)  View Details  Edit
S14	 couns* AND (personal AND therapy) AND courage	Limiters - Published Date: 19500101-20141231 Search modes - Boolean/Phrase	 View Results (19)  View Details  Edit
S13	 psychotherapist AND (personal AND therapy) AND courage	Limiters - Published Date: 19500101-20141231 Search modes - Boolean/Phrase	 View Results (2)  View Details  Edit
S12	 psychotherapist AND (personal AND therapy)	Limiters - Published Date: 20040101-20141231 Search modes - Boolean/Phrase	 View Results (750)  View Details  Edit
S11	 learning AND clients AND psychotherapists	Limiters - Published Date: 19500101-20141231 Search modes - Boolean/Phrase	 View Results (247)  View Details  Edit
S10	 impact AND clients AND therapists AND courage*	Limiters - Published Date: 19500101-20141231 Search modes - Boolean/Phrase	 View Results (8)  View Details  Edit
S9	 courageous AND therapist	Limiters - Published Date: 19500101-20141231 Search modes - Boolean/Phrase	 View Results (59)  View Details  Edit
S8	 courageous AND client	Limiters - Published Date: 19500101-20141231 Search modes - Boolean/Phrase	 View Results (38)  View Details  Edit
S7	 therapeutic AND process AND courage	Limiters - Published Date: 19500101-20141231 Search modes - Boolean/Phrase	 View Results (105)  View Details  Edit
S6	 couns* AND courage	Limiters - Published Date: 19500101-20141231 Search modes - Boolean/Phrase	 View Results (290)  View Details  Edit
S5	 courage AND couns* AND therapist	Limiters - Published Date: 19500101-20141231 Search modes - Boolean/Phrase	 View Results (73)  View Details  Edit
S4	 courage AND therap* AND client	Limiters - Published Date: 19500101-20141231 Search modes - Boolean/Phrase	 View Results (124)  View Details  Edit
S3	 psychotherap* AND courage OR bravery	Limiters - Published Date: 19900101-20141231 Search modes - Boolean/Phrase	 View Results (582)  View Details  Edit
S2	 therapy AND courage	Limiters - Published Date: 19500101-20141231 Search modes - Boolean/Phrase	 View Results (408)  View Details  Edit
S1	 therapeutic AND courage	Limiters - Published Date: 19500101-20141231	 View Results (193)  View Details  Edit

**APPENDIX 4: IPA SEMINAR, MANCHESTER UNIVERSITY : 2 July 2013:
"INTERPRETATIVE PHENOMENOLOGICAL ANALYSIS (IPA):
AN INTERDISCIPLINARY INTRODUCTION"**

OVERVIEW OF KEY PRINCIPLES OF IPA

Keynote Speaker: Dr Michael Larkin, University of Birmingham

"Interpretative Phenomenological Analysis (IPA): considering the case of the "person-in-context" in psychosocial research"

- the value in exploring different perspectives of a shared experience;
- the facility by which IPA can illuminate convergence and divergence of meaning through double-hermeneutics;
- involves the movement between the *"particular to the shared"* and between phenomenological experience of the participant and the researcher's interpretation;
- the way in which IPA can highlight the dissonance between assumptions of experience and the actual meanings which the "person-in-context" assigns to experience, through balancing phenomenology, interpretation and creative discourse with theory

Presentation: Dieuwertje Dyi Huijg, University of Manchester

"Interpretative Phenomenological Analysis (re)considered: methodological obstacles in theoretically oriented social scientific research"

- Is IPA suitable for empirically grounded conceptual/theoretical research? An analysis of the theoretical "stretch" of IPA.

Presentation: Dr Cheryl Hunter, University of Oxford

"Thoughts on doing a 'good enough' IPA and the journey to getting there"

- Acknowledging the value of humanity in the interpretation;
- Acknowledging emotions by participant and researcher in meaning-making;
- The complex co-creation of meaning through the researcher, literature, participants and data;
- Awareness of experience *"beyond description"*;
- Importance of reflexivity in positioning phenomenology and interpretation;
- No interpretation is *"perfect"* or *"fixed"* but promotes future understanding.

APPENDIX 5: RESEARCHER INTERVIEW SCHEDULE

- ❖ Welcome the participant and ensure that they are comfortable and ready to commence the interview. Informal chat to help put the participant at ease.
- ❖ Invite participant to use a pseudonym. If not, a code number will be used to preserve anonymity
- ❖ Reminder of overview of study and interview process.
- ❖ Any questions before starting interview?

RECORDING ON :

1. **Date/Time** - Confirm date/time of interview
2. **Interview Length** - Interview will last approximately 1 hour to 1.5 hours
3. **Time at the end of the Interview** - There will be approximately 10 minutes at the end of the session for any other reflections
4. **Information Sheet** - Confirm that participant has read the Information Sheet (Appendix 10) - check out any further questions
5. **Pre-Interview Questionnaire** - Confirm that participant has completed the Pre-Interview Questionnaire (Appendix 11) and has signed/dated it.
6. **Consent Forms 1. to participate and 2. to be recorded** - Confirm that participant has read and understood the 2 Consent Forms (Appendices 14a/b & 15) and has signed/dated them.
7. **Study/Interview rights** - Remind participant of their right to withdraw from the study at any time without explanation, and their right to pause or stop the interview if necessary.
8. **Confirm study title**

QUESTIONS *(prompts in Italic)*

1. **In general, what is your understanding of courage and its opposite?**

a. *I'm interested to understand how you perceive courage generally and how you perceive its opposite.*

PERCEPTIONS

b. ***What feels/looks like courage? How would you describe/define what courage is? What does it mean to you? Why do you perceive it this way?***

c. ***So - what feels/looks like the opposite of courage? How would you describe/define what the opposite of courage is? What does it mean to you? Why do you perceive it this way?***

Appendix 5: RESEARCHER INTERVIEW SCHEDULE/cont.

2. How did you experience courage in your personal therapy?

PERSONAL THERAPY

- a. *What did you feel before you were able to access your courage as a client in therapy? **Can you think of one example where this happened and describe it?***
- b. *When you felt courageous, how did your courage manifest itself? How did you access it? What did you feel?*
- c. *What did your courage enable you to do therapeutically?*
- d. *What do you believe was the source of your courage?*
- e. *As a client, how do you believe your therapist nurtured and fostered your sense of courage?*
- f. *In what ways did experiencing courage impact your personal growth?*
- g. ***How would you explain what courage means as a client?** What does it mean to you?*

3. What learning have you taken from your personal experience of courage into your therapeutic practice with clients?

LEARNING FROM PERSONAL THERAPY

- a. *How has your experience helped you to recognize & understand courage in your clients? **Can you think of one example where this happened and describe it?***
- b. *How has your experience changed your clinical practice?*
- c. *How do you think courage manifests itself in clients? How can you assess it in clients?*
- d. *What is your sense of the client's feelings in becoming (or not becoming) courageous?*
- e. *In what ways do you feel it helps the client? How does it make you feel?*

4. How do you believe you can foster and nurture the client's courage?

CLIENT COURAGE

- a. *What do you believe are positive facilitators of client courage in therapy? **Can you think of one example where this happened and describe it?***
- b. *Are the core conditions enough? Is an optimal therapeutic alliance enough? Is encouragement enough?*
- c. *Can you talk about a situation where a client was not able to access their courage?*

Appendix 5: RESEARCHER INTERVIEW SCHEDULE/cont.

5. **How have you been affected by courageous clients?**
- LEARNING FROM CLIENTS
- What has this taught you about yourself?*
 - What has this taught you about clients?*
6. **In what ways do you believe that a counsellor has to be courageous in the therapeutic encounter?**
- THERAPIST COURAGE
- How has courage manifested itself in you as a counsellor in the therapeutic encounter? **Can you think of one example where this happened and describe it?***
 - How would you explain the courage of a therapist?** What does it mean to you? What did it feel like?*
7. **What is your understanding of how courage impacts therapeutic growth/emergence?**
- THERAPEUTIC PROCESS
- How much do you value courage in therapy and **what is the potential role of courage in the therapeutic process?***
 - To what extent do you believe that courage is necessary for client therapeutic growth? **What do you feel is the relationship between courage and therapeutic growth?***
 - In what ways has your personal experience of courage contributed to your knowledge of the therapeutic process?*
 - How do you believe courage connects with other components in the therapeutic process?*
 - How has your experience of courage affected you as a practitioner e.g. your reflexivity, internal supervision etc.?*
 - What are your feelings in regard to how courage is taught or covered in training courses?***

10 MINUTES REFLECTION/EXPLORATION OF ANY OTHER FEELINGS/COMMENTS

CLOSING ACTIONS

- ★ Thank participant for valuable contributions and time / STOP RECORDING
- ★ Check out safety with participant:
 - are they OK?
 - how did the interview feel/go for them?
- ★ Confirm process for transcript review
- ★ Close

APPENDIX 6: EMAILS SEEKING RESEARCH PARTICIPANTS SENT TO PROFESSIONAL ORGANIZATIONS AND INDIVIDUALS

Addressee - **PROFESSIONAL ORGANIZATION**

Dear Colleague:

I am a qualified counsellor working at a charitable counselling organization, and I am currently studying for an MA in Counselling Studies at the University of Chester. As part of this MA, I am undertaking a qualitative research study entitled:

The unfolding heart: What is the nature of courage in the therapeutic domain from the dual perspective of counsellors' personal therapy and their clinical practice? A qualitative study evaluated by Interpretative Phenomenological Analysis.

I am therefore seeking research participants who may be interested in taking part in my study and who would be willing to be interviewed. I should be most grateful, therefore, if you could please circulate the accompanying Research Advertisement to any interested counsellors/psychotherapists at your organization/in your department. I should also be grateful if you would please put a copy of this Research Advertisement on your noticeboard if possible.

This study has been granted formal approval by the University of Chester Department of Social Studies & Counselling Ethics Committee. My Research Supervisor is Dr Rita Mintz, Programme Leader and Senior Lecturer for the MA in Counselling Studies.

Many thanks in advance for your kind consideration of this request. If you or any of your colleagues have any queries, please do not hesitate to contact me.

Yours sincerely

Suzie Hewitt (Mrs)

Attachment: Research Advertisement

Addressee - **PROFESSIONAL INDIVIDUAL**

Dear Colleague:

As discussed, I am currently studying for an MA in Counselling Studies at the University of Chester. As part of this MA, I am undertaking a qualitative research study entitled:

The unfolding heart: What is the nature of courage in the therapeutic domain from the dual perspective of counsellors' personal therapy and their clinical practice? A qualitative study evaluated by Interpretative Phenomenological Analysis.

I should be most grateful, therefore, if you could please circulate the accompanying Research Advertisement to any counsellors/psychotherapists who you feel might be interested in taking part in my study and who would be willing to be interviewed (60-90 minutes). I cannot interview participants I know (with the exception of the Pilot interview which is now completed). In order to protect participant anonymity, interested parties would need to approach me confidentially and independently via my University email or mobile which are highlighted in the Advertisement.

This study has been granted formal approval by the University of Chester Department of Social Studies & Counselling Ethics Committee. My Research Supervisor is Dr Rita Mintz, Programme Leader and Senior Lecturer for the MA in Counselling Studies.

Many thanks in advance for your kind consideration of this request. If anybody is interested in this study or has any queries, please do not hesitate to contact me at XXXX (researcher's university email address).

Kind regards

Suzie Hewitt (Mrs)

Attachment: Research Advertisement

COURAGE

INVITATION TO COUNSELLORS/PSYCHOTHERAPISTS TO PARTICIPATE IN MA COUNSELLING RESEARCH STUDY

Title: The unfolding heart: What is the nature of courage in the therapeutic domain from the dual perspective of counsellors' personal therapy and their clinical practice? A qualitative study evaluated by Interpretative Phenomenological Analysis

Are you an experienced counsellor/psychotherapist (qualified 2+ years) with an interest in the nature of courage within the therapeutic process who has experienced courage both in your own personal therapy and in your clinical work with clients? If so, and you would be interested in participating in this study, please contact the researcher, Suzie Hewitt at:

xxxx email or xxxx phone

This study will involve a one-to-one interview in order to explore your perception and experience of therapeutic courage.

This research project forms part of the Masters in Counselling Studies at the University of Chester, and has received formal Ethics Committee approval.



"Finding therapeutic courage, like empathy and understanding, is a necessary challenge for client and therapist alike." Bradford, 2001

APPENDIX 8: BACP AND THERAPY TODAY ADVERTISEMENTS

BACP Advertisement - September-November 2013

Call for participants: An exploration of the nature of courage in the therapeutic domain Suzie Hewitt

I am seeking participants to help with my research as part of the MA in Counselling Studies at Chester University.

I would like to explore the nature of courage in therapy from the dual perspective of counsellors' personal therapy as clients, and within their clinical practice as therapists. I am interested in how people understand therapeutic courage, what it means to them and how they have experienced it in different contexts.

Participation will involve a semi-structured interview (approx 1 hour) to be conducted at an appropriate convenient location. Participant anonymity will be protected in accordance with BACP Research Ethical guidelines and University Research governance. Ethics Committee approval has been granted for this research by the University of Chester.

If you are an experienced counsellor/psychotherapist (qualified 2+ years) and are interested in participating, please contact me at xxxx email.

With many thanks

Suzie

Therapy Today online Advertisement - October 2013

Courage MA researcher seeks qualified therapist participants with experience of therapeutic courage from both their personal therapy and clinical practice. Approx 1 hour semi-structured interview conducted at appropriate convenient location. Please contact Suzie Hewitt xxxx email.

APPENDIX 9: EMAIL TO POTENTIAL RESEARCH PARTICIPANTS

Addressee - **POTENTIAL RESEARCH PARTICIPANT**

Dear XXXXXXXX:

RE: MA RESEARCH STUDY

Thank you very much for expressing an interest in the proposed research for my Masters in Counselling Studies at Chester University. The aims of my study are to ask:

1. How do counsellors understand therapeutic courage?
2. How do counsellors experience courage as both client and therapist?
3. How do counsellors perceive the potential relationship between courage and therapeutic growth?

I intend to interview participants for this study (for 60-90 minutes) and will therefore need to record the interview via audio digital recorder which I will then transcribe into a typed document. This will be conducted in a confidential, anonymized manner.

I attach an Information Sheet to provide you with further details of the study in the form of Q&A's so that you can carefully consider your participation. If you are still interested to participate having read the Information Sheet, I would be most grateful if you could please complete the attached Pre-Interview Questionnaire which will establish your eligibility to participate in the study. Please let me know your preferred method of contact for correspondence i.e. either via email marked confidential, or via regular post marked confidential; if the latter, please notify me of your address and I will supply a stamped-addressed envelope.

If you are selected I will arrange an interview with you at your convenience. Please do not hesitate to contact me should you have any queries about the study.

Many thanks again, for your interest in taking part in this study.

Yours sincerely

Suzie Hewitt (Mrs)

Attachments: 1) Research Information Sheet 2) Pre-Interview Questionnaire



APPENDIX 10: RESEARCH STUDY INFORMATION SHEET

Department of Social Studies & Counselling

Masters Degree in Counselling Studies

Title of study : The unfolding heart: What is the nature of courage in the therapeutic domain from the dual perspective of counsellors' personal therapy and their clinical practice? A qualitative study evaluated by Interpretative Phenomenological Analysis.

This is an invitation for you to take part in a research study. This sheet aims to help you understand the nature and purpose of my study so that you can take time to consider your participation and what this would involve. Hopefully I have anticipated most questions, but if you have any further queries, please do not hesitate to contact me.

Suzie Hewitt: email xxxx

Mobile: xxxx

Who is the researcher? My name is Suzie Hewitt, I am a qualified counsellor, and I am in my 2nd year on the MA in Counselling Studies at the University of Chester. I would like to conduct a small-scale research study for my dissertation as part of that course and am looking for participants who would be interested in being interviewed for this.

What is the purpose of this study? I would like to explore the nature of courage in therapy, from the perspective of counsellors' personal therapy as clients, and within their clinical practice as therapists. The ingredients within the therapeutic process are still not fully understood, and the psychology of courage is an under-researched area. I am therefore interested to explore how people understand therapeutic courage and what it means to them.

How do I qualify to be included in this study? I am seeking counsellors/psychotherapists who:

- ❖ are currently practising, using any therapeutic approach(es) with adult clients (18 years+)
- ❖ have 2 years+ experience as a qualified therapist to at least Diploma level
- ❖ are Members of a professional counselling or psychotherapeutic body e.g. British Association for Counselling & Psychotherapy (BACP)
- ❖ are receiving ongoing clinical supervision
- ❖ have experience of personal therapy
- ❖ have experience of the phenomenon of courage in both personal therapy and as a practitioner

What factors might exclude me from this study?

- ❖ if you know the researcher (somebody with whom the researcher has a dual relationship)
- ❖ if you are currently undergoing personal therapy

How will I be selected to take part? If you are interested in participating, I would request that you please complete the accompanying Pre-Interview Questionnaire to return to me to establish your eligibility to take part. If selected, I will contact you to arrange an interview at a time, date and location that is convenient to you and appropriate for a confidential meeting.

What will taking part in the research study involve? Before this interview takes place I will check that you fully understand the study process and that you consent to participate in the study. I will also seek your permission for the interview to be digitally recorded. I will conduct the interview which will take approximately 60-90 minutes including time to de-brief (and you will subsequently receive a transcript of this interview for you to proof-read/amend so that you are happy with it). I will ask you questions in the following areas:

- ❖ Your understanding of therapeutic courage.
- ❖ Your experience of therapeutic courage as both client and therapist.
- ❖ The potential impact on your clinical practice from experiencing courage as a client.
- ❖ Your perception of the potential relationship between courage and therapeutic growth.



APPENDIX 10: Research Study Information Sheet/cont.

Confidentiality/Anonymity I will abide by the BACP ethical framework for counselling best practice, the BACP ethical guidelines for researching counselling and psychotherapy, and the University of Chester Research Governance Policies. Names will be kept separate from data, which will be coded. For the interview I will recommend the use of pseudonyms and will ensure that no identifying names will appear in the transcript or the study dissertation.

What happens regarding the storage of data? I will maintain confidentiality/anonymity in protecting participant identity and sensitive information by password-protecting computer data and securing physical data in a locked cabinet. Audio information will be destroyed upon the award of the degree and other data will be destroyed after 5 years in accordance with the rules of the University of Chester and the Department of Social Studies and Counselling. I will abide by the principles of the Data Protection Act 1998.

What are the potential benefits in taking part? Whilst there are no guarantees that participation will benefit you, you may find the process brings some valuable learning for your personal and professional development in terms of examining the therapeutic process. You may also derive some satisfaction in having taken part in a research project and helping to contribute to the therapeutic community.

What are the potential risks in taking part? There may be risks in relation to any issues which might arise from talking about both your own experience as a client, and the therapeutic process for you as a practitioner. In this event, you may need to take this to your supervisor and/or a personal counsellor, and if required, the researcher will assist in providing helpful support and resource information. This is something for you to reflect upon as you decide whether or not to take part.

What happens to the study when it is completed? A dissertation will be produced and kept at the University of Chester as a hard copy, and may be made available electronically. Anonymous excerpts from interview transcripts will be included in the dissertation. It is possible that the data derived from this study might be used in a future relevant publication or conference - in this event, participant identities will be protected.

What are the arrangements for approval and monitoring of the research? The University of Chester Ethics Committee has given permission for this research to be carried out. The study will be monitored by a Research Supervisor, Dr Rita Mintz.

Can I withdraw from the study? You have the right to withdraw from this study at any time, without any explanation or implications for you, right up until the submission of the study dissertation.

What is Informed Consent? Your decision to take part in this study is entirely voluntary, and you should only agree to take part if you feel comfortable that you fully understand the process and have had any questions answered. However, of course even if you have consented to take part, you are free to withdraw at any time.

What is the process in the event of concerns/complaints? In the first instance, please refer to the researcher. If, however, your issues cannot be addressed, please refer to the Research Supervisor, Dr Rita Mintz, Programme Leader MA in Counselling Studies, Tel. xxxx. More formal complaints should be referred to the Dean of the Faculty of Social Sciences, University of Chester - address xxxx Tel. xxxx.

How to obtain further information? For further information, please contact the researcher:

Suzie Hewitt: email xxxx Mobile: xxxx

Thank you for your kind consideration regarding this study.



APPENDIX 11: PRE-INTERVIEW QUESTIONNAIRE
Department of Social Studies & Counselling
Masters Degree in Counselling Studies

Title of study : The unfolding heart: What is the nature of courage in the therapeutic domain from the dual perspective of counsellors' personal therapy and their clinical practice? A qualitative study evaluated by Interpretative Phenomenological Analysis.

Please could you complete this questionnaire and return it to me in due course in order to help me select participants according to the requirements of my study. If you have any queries, please do not hesitate to contact me:

Suzie Hewitt: xxxx email

Mobile: xxxx

Section 1 : Personal Details

Name:	
Telephone number(s):	
Email:	
Please state preferred method of contact for correspondence:	
Gender:	
Ethnic origin:	
Do you know the researcher, Suzie Hewitt?	Yes / No

Section 2 : Counselling/Psychotherapeutic Background

Are you currently a practising counsellor/psychotherapist?	Yes / No
Are you a counsellor/ psychotherapist qualified to at least Diploma level?	Yes / No
Please state highest counselling/ psychotherapeutic qualification.	
How many years have you been qualified as a counsellor/ psychotherapist?	
How many hours of counselling practice do you have to date?	

Section 3: Current Counselling/Psychotherapeutic Practice

Do you counsel adult clients (18 years plus)?	Yes / No
How would you describe your therapeutic orientation(s)?	
Are you a member of a counselling/psychotherapeutic professional body e.g. BACP? If so, please state organization.	Yes / No



APPENDIX 11: Pre-Interview Questionnaire/cont.

Are you receiving ongoing counselling supervision?	Yes / No
Please state the counselling environment(s) in which you work, e.g. NHS, charity etc.	
What is your professional role/job title?	
Do you usually provide brief, medium or long-term therapy, or does it vary? Please state average number of sessions.	
Please list the general issues with which your clients present, and if you work in a specialized therapeutic area please describe.	
As a therapist, have you experienced the phenomenon of client courage?	Yes / No
As a therapist, have you had to be courageous?	Yes / No

Section 4: Your personal therapy

Are you currently undergoing personal therapy?	Yes / No
Do you have experience of personal therapy?	Yes / No
Have you experienced the phenomenon of courage in your personal therapy?	Yes / No
If so, what was the therapeutic approach(es) used in your therapy?	
What was the duration of that personal therapy and how long ago was it?	
Do you have access to personal therapy if you required it?	Yes / No

Section 5: Any other relevant information

Please add any other information you wish if you feel this is relevant	
--	--

Name

Date

Signature

Many thanks for completing this questionnaire.

APPENDIX 12: EMAIL TO POTENTIAL RESEARCH PARTICIPANT NOT SELECTED

Addressee - **POTENTIAL RESEARCH PARTICIPANT NOT SELECTED**

Dear XXXXXXXX:

RE: MA RESEARCH STUDY

It was good to talk with you the other day regarding your interest in my proposed Masters research on courage. I really appreciated your candour in sharing with me your thoughts around your potential participation.

Having reflected upon this I am just writing to let you know that I won't need to proceed to an interview with you, but I am incredibly grateful to you for taking the time out to consider participation.

Thanks again, and I wish you well in your future endeavours.

With warm wishes

Yours sincerely

Suzie Hewitt (Mrs)

APPENDIX 13: EMAILS TO RESEARCH PARTICIPANTS ARRANGING AND CONFIRMING INTERVIEW

Addressee - RESEARCH PARTICIPANT - ARRANGING INTERVIEW

Dear XXXXXXXX:

Thank you very much for expressing an interest in the proposed research for my Masters in Counselling Studies at Chester University and for returning the Pre-Interview Questionnaire which, I am delighted to inform you, supports your eligibility to participate in this study according to my inclusion/exclusion criteria.

I would therefore be very pleased to invite you to proceed with an interview at a date, time and location convenient to you. I'd be ever so grateful, therefore, if you could please let me have some dates/times when you could do an interview (which will take approximately 60-90 minutes).

As the interview will need to be conducted in a neutral place where we can speak confidentially, and without being disrupted, I will need to arrange an appropriate venue. I would intend to travel to you in order to minimize inconvenience to yourself, but as I am not sure of your location, please could you let me know where you feel would be a suitable venue - for example, we could use a counselling room at your place of work if that is permissible (of course I would pay any costs if required), or I could arrange to book a conference room at your nearest college or library. I also have access to professional counselling rooms at an organization where I work in xxxx. Please let me know what would work best for you.

Once we have finalized the interview, I will send you a confirmation letter with further guidance on what the interview entails. In the meantime, if you have any queries whatsoever please do not hesitate to contact me via email xxxx or mobile xxxx.

I very much look forward to hearing from you, and to meeting up with you in due course, and once again, thank you very much indeed for your interest in my study.

Yours sincerely
Suzie Hewitt (Mrs)

Addressee - RESEARCH PARTICIPANT - CONFIRMING INTERVIEW

Dear XXXXXXXX:

Thank you very much for expressing an interest in the proposed research for my Masters in Counselling Studies at Chester University and for returning the Pre-Interview Questionnaire which supports your eligibility to participate in this study according to the inclusion/exclusion criteria. I am delighted to be able to confirm a research interview with you as follows:

Date: xxxx Time: xxxx Venue: xxxx

This interview will take approximately 60-90 minutes, and will be recorded via audio digital recorder such that I can produce a transcript. The digital recording will be transferred from the recorder to a password-protected computer file and will be destroyed upon the award of my degree. The transcript of the interview will be made available to you to amend and check, and this will be kept securely stored for 5 years at which time it will be destroyed by me.

I attach two consent forms for your perusal prior to interview. One form is in regard to consent to participate in the study, and the other form relates to consent to the interview recording and making a transcript. Please take time to read these in advance of the interview, so that we can review these, sign and date them prior to commencing the interview (I will bring copies).

I also attach an Interview Guide for Participants to give you an overall idea of the areas where I will be asking questions. You do not need to make any preparation for this interview; however, if you feel that you would like to bring something creative to the interview which represents your experience of therapeutic courage then please feel free to do so but this is entirely optional.

I look forward to meeting with you and thank you again for your kind interest in participating in this study. Please do not hesitate to contact me if you have any queries whatsoever regarding the study and the interview.

Attachments:

1. Consent to participate in research study
2. Consent to record interview and make a transcript
3. Interview guide for participant

Yours sincerely
Suzie Hewitt (Mrs)

APPENDIX 14a&b: CONSENT FORMS TO PARTICIPATE



APPENDIX 14a: CONSENT FORM TO PARTICIPATE IN RESEARCH STUDY (not in Personal Therapy)

Department of Social Studies & Counselling
Masters Degree in Counselling Studies

Title of study : The unfolding heart: What is the nature of courage in the therapeutic domain from the dual perspective of counsellors' personal therapy and their clinical practice? A qualitative study evaluated by Interpretative Phenomenological Analysis.

Name of Researcher: Suzie Hewitt

Please initial box

1. I confirm that I have read and understood the participant information sheet which describes the rationale for the above study, and what participation entails. I have had the opportunity to consider this information and to ask questions as necessary. ☐
2. I understand that my participation is voluntary and that I am free to withdraw from this study at any time, without giving any reason and without incurring any consequences. ☐
3. I confirm that I am receiving ongoing clinical supervision and am not currently undergoing personal therapy. ☐
4. I consent to participation in this study. ☐

Name of Participant

Date

Signature

Researcher

Date

Signature

(Copies: 1 for participant; 1 for researcher)



APPENDIX 14b: CONSENT FORM TO PARTICIPATE IN RESEARCH STUDY (potentially undergoing Personal Therapy)

Department of Social Studies & Counselling
Masters Degree in Counselling Studies

Title of study : The unfolding heart: What is the nature of courage in the therapeutic domain from the dual perspective of counsellors' personal therapy and their clinical practice? A qualitative study evaluated by Interpretative Phenomenological Analysis.

Name of Researcher: Suzie Hewitt

Please initial box

1. I confirm that I have read and understood the participant information sheet which describes the rationale for the above study, and what participation entails. I have had the opportunity to consider this information and to ask questions as necessary. ☐
2. I understand that my participation is voluntary and that I am free to withdraw from this study at any time, without giving any reason and without incurring any consequences. ☐
3. I confirm that I am receiving ongoing clinical supervision and am either not currently undergoing personal therapy, or if I am, that I am sufficiently grounded to undertake a research interview. ☐
4. I consent to participation in this study. ☐

Name of Participant

Date

Signature

Researcher

Date

Signature

(Copies: 1 for participant; 1 for researcher)

APPENDIX 15: CONSENT FORM: AUDIO/DIGITAL RECORDING OF INTERVIEW
Department of Social Studies & Counselling
Masters Degree in Counselling Studies

Title of study : The unfolding heart: What is the nature of courage in the therapeutic domain from the dual perspective of counsellors' personal therapy and their clinical practice? A qualitative study evaluated by Interpretative Phenomenological Analysis.

Name of Researcher: Suzie Hewitt

Ihereby give consent for the details of a written transcript based on an audio/digital recorded interview with me and Suzie Hewitt to be used in preparation and as part of a research dissertation for the M.A. in Counselling Studies at the University of Chester. I understand that my identity will remain anonymous and that all personally identifiable information will remain confidential and separate from the research data. I further understand that the transcript may be seen by Counselling Tutors and the External Examiner for the purpose of assessment and moderation. I also understand that all these individuals are bound by the British Association for Counselling and Psychotherapy Ethical Framework for Good Practice in Counselling and Psychotherapy.

I understand that I will have access to the transcribed material and would be able to delete or amend any part of it. I am aware that I can stop the interview at any time or ultimately withdraw from the interview, without giving a reason or explanation, at any point before the submission of the dissertation. Upon satisfactory completion of the M.A. in Counselling Studies the recording will be securely destroyed. The transcripts and related data will be securely stored for a period of five years, by me, the researcher, and then destroyed.

Excerpts from the transcript will be included in the dissertation. A copy of the dissertation will be held in the Department of Social Studies and Counselling and may be made available electronically through Chester Rep, the University's online research repository.

Without my further consent some of the material may be used for publication and/or presentations at conferences and seminars. Every effort will be made to ensure complete anonymity.

Finally I confirm I have read and understood the attached Information Sheet and was given the opportunity for further explanation by the researcher. I believe I have been given sufficient information about the nature of this research, including any possible risks, to give my informed consent to participate.

_____	_____	_____
Name of Participant	Date	Signature
_____	_____	_____
Researcher	Date	Signature

APPENDIX 16: INTERVIEW GUIDE FOR RESEARCH PARTICIPANTS

The aim of this sheet is to give research participants an overall idea of the main areas which the researcher will cover in the Interview.

- **your understanding of courage in general, and what may be the opposite of courage**
- **your experience of courage in your personal therapy**
- **any learning you may have taken from the experience of courage in your personal therapy into your therapeutic practice with clients**
- **how you foster and nurture client courage**
- **the effect courageous clients may have had on you**
- **your courage as a counsellor in the therapeutic encounter**
- **the potential role of courage in the therapeutic process**

APPENDIX 17: EMAIL OF THANKS TO RESEARCH PARTICIPANTS

Addressee - **RESEARCH PARTICIPANTS**

Dear XXXXXXXX:

RE: MA RESEARCH STUDY

With regard to your recent participation as a co-researcher in my MA research study, I would like to take this opportunity to thank you wholeheartedly for your commitment to this process, for taking the time out to undertake an interview and for your time in reviewing the transcript.

Your contribution to my study is immeasurable and I am so grateful to you for your very kind assistance which is much appreciated.

I wish you well in your future endeavours.

Yours sincerely

Suzie Hewitt (Mrs)

APPENDIX 18: DETAILED DATA ANALYSIS PROCESS

I conducted the analyses on a case-by-case basis (average interview time 1 hour 15 minutes), completing each individual analysis before moving on to the next participant:

1. Transcripts were line-numbered. I read and re-read the transcript line by line, making notes.
2. I constructed an Emergent Themes Analysis table (Smith et al, 2012) containing 3 columns A, B, and C - I pasted the full transcript in Column B - the central column.
3. In Column C I worked on preparing Exploratory Comments on the data. These consisted of:
 - a) Descriptive comments - colour-coded in black
 - b) Linguistic comments - colour-coded in blue
 - c) Conceptual comments - colour-coded in redThese comments were revisited several times in a process of immersion and trying to understand the participant's sense-making of their experience as deeply as possible.
4. I produced emergent themes in Column A which were also reviewed many times to facilitate my understanding of the participant's understanding. These included conceptual interpretations which I ensured were grounded in the data (Appendices 19 & 20).
5. I highlighted in yellow key questions that I had asked the participant so that I had a clear understanding of the range of questions I had asked throughout the interview to see how these related back to my research question.
6. I then extracted the emergent themes and printed them out on coloured paper. I cut them out and spread them on a table, clustering them into groups using the same coloured post-it notes to identify super-ordinate themes - I photographed the cluster organization (Appendix 21).
7. I organized the cut out emergent theme clusters into super-ordinate thematically titled envelopes. The advantage of this was that I could easily find themes according to super-ordinate title, and could move themes around as necessary.
8. I used the processes described by Smith et al (2012, pp.96-99) viz. "*abstraction*", "*subsumption*", "*polarization*", "*contextualization*", "*numeration*" and "*function*" to finalize super-ordinate and sub-ordinate themes.

Examples of thematic organization from "Christopher":

Abstraction - This was used to identify patterns and to put similar themes together e.g. Meanings/Synonyms/Use of words/Inconsistency of usage, Different types of Courage and Definitions belonging together under "What is Courage?".

Subsumption - I used this where an emergent theme e.g. Courage as a Catalyst to Change became a super-ordinate theme.

Polarization - This process looked for differences between themes rather than similarities e.g. Client Courage became Therapeutic Evolution of the Courageous Client and absorbed Courage as a Choice and Courage as a Psychological Imperative. The latter became a sub-ordinate theme even though it was not frequently mentioned but was important in the context of being divergent from Courage as a Choice.

Contextualization - This was an important process because of the dual nature of the research and was quite complicated as I had to be careful to be specific about:

- themes relating to experience as a client
- themes relating to experience as a therapist
- temporal aspects - i.e. experience in the past vs. current experience
- narrative aspects - "my story as a client", "my story as a therapist", "my client's stories"

APPENDIX 18: DETAILED DATA ANALYSIS PROCESS/cont.

Numeration - Listing all emergent and super-ordinate themes (Appendix 22) enabled me to gauge frequency at a glance - with the caveat that frequency was not always necessarily relevant in identifying key themes - some themes which I felt to be key may have only been mentioned once or a handful of times.

Function - a focus on the narrative and linguistic aspects in terms of meaning and the positioning of the self of the participant e.g. themes around the feelings of a therapist and the relationship between levels of courage and the variance of client context, and the range of positive and negative emotions therein.

9. The list of all emergent and super-ordinate themes for each participant (Appendix 22) facilitated further distillation to produce sub-ordinate and super-ordinate themes (Appendix 23). I then completed an overall individual analytical gestalt including in vivo quotes and transcript locators* (Smith et al, 2012) before moving on to the next participant - Appendices 24-27.

*In vivo quotes are edited for clarity - dots indicate textual omissions or pauses.
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10. This was an iterative, gradual and fluid process, constantly moving between transcript and Emergent Theme Analysis in a circular flow.

This process was completed for each participant before moving on to the next one.

My process for cross-case analysis was:

1. All participant super- and sub-ordinate themes were printed on coloured paper, cut out and spread over a table and organized into clustered themes - these themes were then stuck onto pieces of paper (Appendix 28) and placed on a wall (Appendix 29). This meant they could be studied and reviewed easily. I then listed all the grouped themes into a document (Appendix 30).
2. I then studied the clustered themes and through a process of distillation, started to produce master themes. I originally had 9 master themes and through using the techniques from individual analysis i.e. abstraction, subsumption, polarization, contextualization, numeration and function (Smith et al, 2012), I was able to further refine the master themes through iteratively editing a table until there were 3 master themes, with 10 sub-ordinate themes (Table 2, Chapter 4). I then produced a diagrammatic representation of the findings (Figure 2, Chapter 4).
3. I also produced a table of master themes with in vivo quotes from all participants (Smith et al, 2012, p.101) - Appendix 31. As examples of further textual analysis, Appendix 32 illustrates one detailed master theme from "Cerewan" and Appendix 33 illustrates all master themes in more detail from "Sara".

APPENDIX 19: EXTRACT FROM "STEVE" EMERGENT THEMES ANALYSIS : ABBREVIATED COMMENTS

Key Black = Descriptive comments R = Researcher
 Blue = Linguistic comments P = Participant
 Red = Conceptual comments

A. Emergent Themes	B. Original transcript (p. 3, line 13 - p. 5, line 5)	C. Exploratory comments
<p>Client courage to face sense of falling apart (Rogers)</p> <p>Courage through psychological death and rebirth</p> <p>Therapeutic courage - belief in survival, trust in the process</p> <p>Therapeutic courage - facing sense of loss (of old self) & belief in constructing a stronger self</p> <p>Willingness/choice/conscious decision to face fear/difficult feelings and stay with them</p> <p>Therapist - knowing what courage is from work with clients and own experience</p> <p>Unconscious avoidance</p>	<p>P. and I believe...and I go with Rogers' theories largely, that his description of disintegration and reintegration is a therapeutic process and means that there is a necessary need for courage to face that sense of I'm falling apart here...so for me it's about a...sort of almost like a psychological death...where actually I think being willing to think that like a Phoenix I'll rise from the ashes...I will come through that...yeah and trusting a process where I've given...I've released from my rational being of myself and that I will come through and I will come back and I'll come back stronger, better, whatever...</p> <p>R. and courage where does courage fit into that then do you feel?</p> <p>P. it's that willingness...to actually go with that and actually continue to stay with that rather than to avoid it...for me there's a...I see it with clients and know it with myself...there's a potential...for me there's a potential to avoid...therefore you know I feel that if people feel psychologically threatened and don't particularly recognize it...so if it's very outside awareness...then there can be an avoidance of a situation, a</p>	<p>Values Rogers' client-centred theory of "disintegration" and "reintegration"</p> <p>Courage is required in the face of feeling that one is fragmenting</p> <p>Courage to face fear of fragmenting in therapeutic growth</p> <p>Strong use of language - psychological death Use of metaphor - Phoenix from the ashes Powerful concept of therapeutic growth - courage being instrumental</p> <p>As a client - believing one will survive Concept that therapeutic courage requires belief in survival, trust in the process - concept of "giving up" existing sense of self and "returning" as more resilient Courage requires facing a sense of loss (of "old" self)</p> <p>Takes courage to face difficult feelings - stay with them rather than evade them Therapeutic courage - being willing to face difficult feelings - suggests an element of choice in not only facing them, but staying with them Hesitation as thinks about this process with himself and his clients Experience with clients and himself i.e. has learnt from his own experience</p> <p>Psychodynamic/subliminal avoidance under threat - subception</p>

APPENDIX 19: EXTRACT FROM "STEVE" EMERGENT THEMES ANALYSIS : ABBREVIATED COMMENTS /cont.

Key Black = Descriptive comments R = Researcher
 Blue = Linguistic comments P = Participant
 Red = Conceptual comments

A. Emergent Themes	B. Original transcript (p. 3, line 13 - p. 5, line 5)	C. Exploratory comments
<p>Courage emerges as client becomes aware of avoidance</p> <p>Client's courage in choosing to face fear & stay with it</p> <p>Courage as a conscious choice/action/energy/pivotal process/activator/catalyst</p> <p>Courage is an act of will</p> <p>Absence of courage is not wishing to change (motivation), repeating patterns, resting in the unconscious, avoidance, not energizing</p>	<p>being...an acknowledgement of an aspect of self even...and erm ...for me the courage comes in where there is some level of edge of awareness of recognition of - it would be very easy to avoid that or it would be easier to avoid that or I notice myself avoiding that...and opting - hold it I want to just stay with that...and to actually think - yes I'll go into the fear, face the fear rather than you know avoiding...for me that's the point of courage...</p> <p>R. so the opposite of courage for a client - or the absence of courage - what would that look like then?</p> <p>P. for me courage is almost a...conscious act... so for me the absence of courage is almost like ...PAUSE a willingness to be with unconscious being - to simply be as I am...so in being as I am without a sort of active SIGH awareness of my own desire to push myself...for me...would be what courage isn't...you know the opposite of courage is just simply to relax into unconscious being, to be my habitual self...with all the avoidance that I would generally go through...things like that...that's how I go with it as a definition.</p>	<p>Hesitation as considers how courage fits in to this</p> <p>Courage plays a role in relation to the client's awareness and choice in not avoiding, but rather staying with difficult feelings</p> <p>Courage as action/energy Cognitive choice to face/enter fear, rather than avoid it Courage as a conscious choice The value of courage is in this process of facing fear in therapy Courage as a pivotal process in therapy - the essence of courage is that it is an activator in helping a client face fear/enter fear and stay with it - ultimately to promote growth Courage as catalyst to change</p> <p>As a client - therapeutic courage is essentially a conscious decision and action Pauses as thinks of how to describe absence of courage</p> <p>Sighs as thinks about the concept of pushing oneself in therapy - is this touching a raw spot in participant? - he is speaking in the first person Implies that therapeutic courage is essentially an act of will whereas absence of therapeutic courage is a readiness/being prepared to stay as one is and not connecting with a wish to, or having the energy to, move forward in therapy</p>

APPENDIX 20: EXTRACT FROM "CEREWAN" EMERGENT THEMES ANALYSIS : ABBREVIATED COMMENTS		
Key Black = Descriptive comments R = Researcher Blue = Linguistic comments P = Participant Red = Conceptual comments		
A. Emergent Themes	B. Original transcript (p.2 , line 27 - p.5 , line 30)	C. Exploratory comments
<p>Courage as complex and vast subject</p> <p>Courage permeates therapy</p> <p>Courage is fundamental element of therapy</p> <p>Courage of clients to initiate and go for therapy</p> <p>Courage of client to face unknown</p> <p>Therapy and its outcome is unpredictable - is this where courage comes in?</p> <p>Therapy can't be controlled so people need courage to process the unknown</p> <p>Courage/karma in therapy - making the right choice</p>	<p>R. So if were to ask you just to sort of...in general what courage means to you?</p> <p>P. PAUSE SIGH OK I had a quick look at the questions before I came out and thought gosh LAUGHS it's a huge subject. I actually think it runs right through therapy...it's the essential ingredient really. Because so many people...are coming into therapy to...explore or to look at things that are unbearable or things that other people don't want them to look at or things that are taboo, so I think it takes a lot of courage for people just to walk through the door...or pick up the phone or send that email to start with... because they're starting a process of exploring something that could...well no one really knows where it's going to go...you can't predict what the outcome's going to be. Some people think you can...you know they want you to set goals and targets but...it's very unpredictable...so SIGHS I think the nature of courage as I see it is...karma is in there I think.</p> <p>R. karma?</p> <p>P. karma...a lot...the idea that sometimes we're faced with choices and both of them are difficult so you have to decide well which choice is the</p>	<p>Sigh/hesitation/laughs - suggests thinking about the enormity/ complexity of the subject</p> <p>Verbalizes the enormity of the subject of courage</p> <p>The enormity of the concept of therapeutic courage as a complex subject</p> <p>Courage permeates all through therapy</p> <p>Courage as a fundamental element of therapy</p> <p>The nature of what brings people to therapy - to examine intolerable/ difficult issues</p> <p>People may bring deep, dark issues very difficult to confront</p> <p>Courage permeates throughout therapy</p> <p>Courage is a fundamental element in therapy</p> <p>The immensely difficult issues that clients bring to therapy</p> <p>It takes courage for people just to arrange a counselling session</p> <p>Courage of clients to initiate therapy and physically go to counselling</p> <p>The courage of the client initiating counselling process which means entering the unknown with an unknown outcome</p> <p>Concept of therapy as being unpredictable</p> <p>Some people believe in goal-setting in therapy but therapy is unpredictable</p> <p>How do you manage therapy (as therapist or client) when the outcome is unpredictable? Is this where courage comes in?</p> <p>Hesitation/sigh - in thinking about the essence of courage in therapy - implies a huge concept to consider</p> <p>Belief that karma is part of the nature of courage</p> <p>What is karma?</p> <p>Karma described as the concept of having to make the right choice when deciding between difficult choices - which choice will be better in the greater scheme of things?</p> <p>Courage in therapy contains karma - making the right choice</p>

APPENDIX 20: EXTRACT FROM "CEREWAN" EMERGENT THEMES ANALYSIS : ABBREVIATED COMMENTS/cont.

Key Black = Descriptive comments R = Researcher
 Blue = Linguistic comments P = Participant
 Red = Conceptual comments

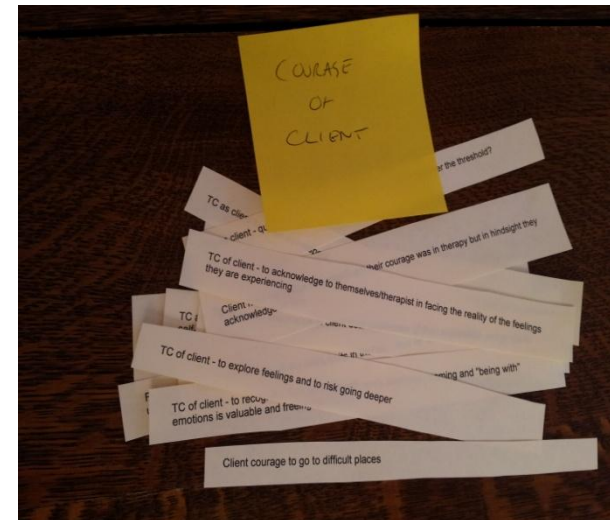
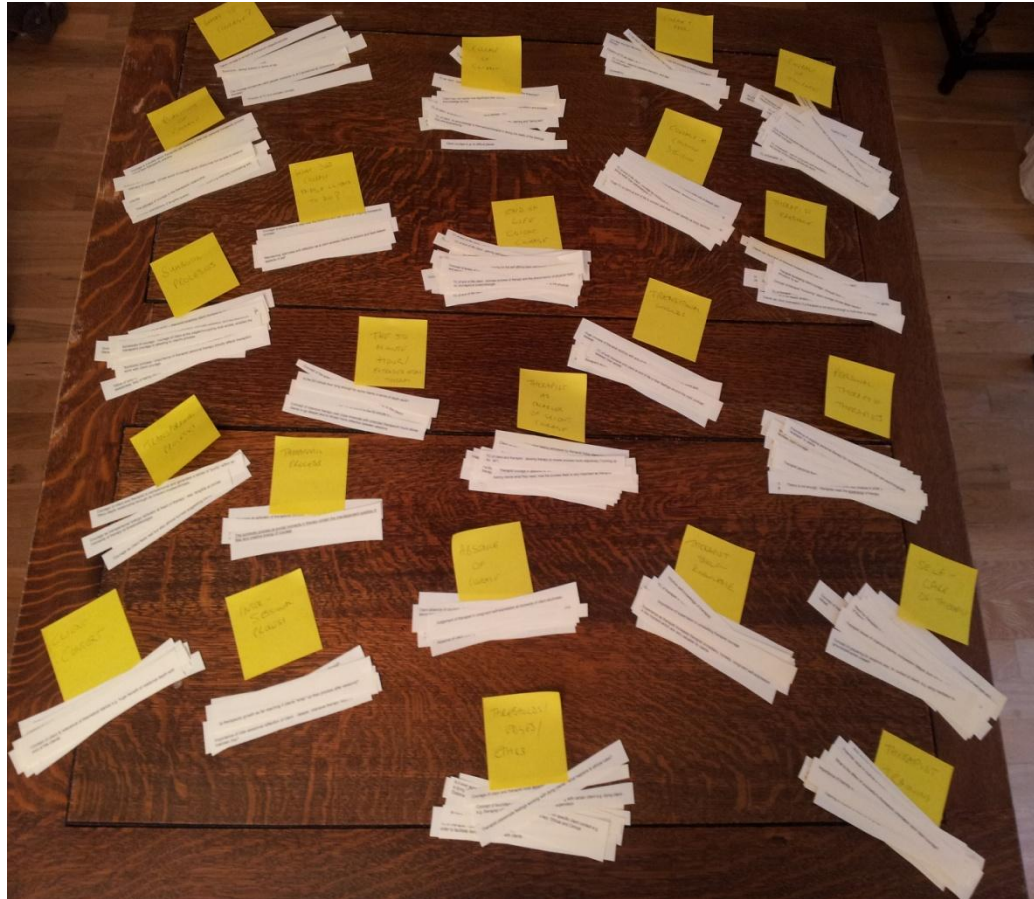
A. Emergent Themes	B. Original transcript (p.2 , line 27 - p.5 , line 30)	C. Exploratory comments
<p>Courage as client and therapist to choose - even if choice is difficult, it may be the right one</p> <p>Courage as client and therapist - compelled to choose even if do not want to</p> <p>As a therapist - need courage to hold the frame - safety</p> <p>As a therapist - need courage not to collude</p> <p>As a therapist - need courage to use congruent self-expression - therapist use of immediacy/felt-sense</p> <p>Context of work as therapist - levels of therapist courage proportional to client context</p> <p>Therapist courage - Huge courage of therapist working with client resistance</p> <p>As therapist - learning from</p>	<p>best in the long run...or which choice is the right thing to do even though you may not benefit from it or what's the ethical choice? Sometimes it takes a lot of guts to do the right thing... sometimes you have to do the right thing even though you really don't wanna do the right thing...that takes a lot of courage</p> <p>R. this is as a client?</p> <p>P. and as a therapist...I mean...sometimes I think you have to have a lot of courage as a therapist to...hold the frame of the work...to keep it safe for your clients...sometimes you have to have a lot of courage to not collude...you know so the client might really want you to go along a certain path and you know that's not really healthy SIGH...so you might have to actually say well actually I think something else might be happening here or...I have to use courage a lot when I'm doing trauma therapy because basically I'm taking people to a place they don't wanna go...and quite often they'll avoid by talking about something else...but my...my job really is to make it easier for them</p> <p>R. how do you do that?....</p> <p>P. I think I do it because I know from my own</p>	<p>amongst difficult choices - from action of making the right choice - will result in the best outcome in the fullness of time</p> <p>It takes courage to make the right choice - the most principled choice - even if one won't directly gain from it</p> <p>Being compelled to make the right choice even if one doesn't want to - this takes courage - as a client and a therapist</p> <p>Courage to choose as client and as therapist</p> <p>As a therapist it takes a lot of courage to hold the therapeutic frame to keep it safe for clients, not to collude.</p> <p>Recognizing as a therapist if a client wants to go down an unhealthy path - having the courage to express this to client</p> <p>Sigh - as talks about difficult processes as a therapist</p> <p>As a therapist - need a lot of courage:</p> <ol style="list-style-type: none"> 1. to hold the therapeutic frame and keep it safe for clients 2. not to collude with clients 3. to use congruent self-expression in the moment if client pursuing an unhealthy path - therapist use of immediacy/felt-sense <p>Hesitation - in talking about own courage</p> <p>Therapist experience - recognizing avoidance</p> <p>Huge courage of the trauma therapist taking clients to a deep level that they do not wish to go to</p> <p>As a therapist know values of deep exploration from own experience</p> <p>Self of therapist - knowing from one's own experience that deep</p>

APPENDIX 20: EXTRACT FROM "CEREWAN" EMERGENT THEMES ANALYSIS : ABBREVIATED COMMENTS /cont.

Key Black = Descriptive comments R = Researcher
 Blue = Linguistic comments P = Participant
 Red = Conceptual comments

A. Emergent Themes	B. Original transcript (p.2 , line 27 - p.5 , line 30)	C. Exploratory comments
<p>own therapy that process is worth it</p> <p>Learning from own therapy as therapist - embodying value of therapy with clients</p> <p>Learning from own therapy - enhancing therapist presence/way of being</p> <p>Learning from own therapy - embodying hope/belief as therapist</p> <div data-bbox="212 901 392 1021"> <pre> graph TD Choice --> Loss[cost] Loss --> Choice </pre> </div> <p>Client courage in making choice involves accepting loss/personal cost</p> <p>Therapist fostering courage in client - empowering client - exploring choice vs. loss</p>	<p>experience that it's worth it and I think I can communicate that just by how I am sometimes in certain interviews with people...because I have had to make difficult choices and do difficult things and I know from my own experience that although it may not be nice or easy, there is a kind of satisfaction that comes from making an ethical choice or doing something that's difficult...and I know that sometimes for example, say if you're dealing with an abusive family situation or something like that and the client's got to make a stand on something...but it might cost them, their relationships that's a really, really tough choice you know they may be having to choose will they stay in this family or leave this family you know that sort of thing... and I think what I try to do is say look I'm not judging you, whatever you choose to do it's your choice, you've got to live with it - I might explore with them in fantasy the different possible futures...the costs of both...that it might take courage to do either, you know but that one of the choices will probably feel like the right one for them....so you know just I think just sort of communicating that I respect that it's a difficult decision...and not everyone can make it overnight or some people might take years... taking a step...</p>	<p>exploration is worth it and embodying this with clients through therapist presence (is this embodying hope/belief?)</p> <p>The therapist's experience of having made difficult choices and done difficult things can be rewarding</p> <p>As therapist - learning from experience - experience of making hard choices, facing difficult issues - appreciating that although this is not easy, it is rewarding to make a principled choice</p> <p>Uses example of a client in a dysfunctional family having to be courageous in choosing - may mean to accept a loss in so doing</p> <p>Repetition of really - to emphasize the difficulty in making a choice Client fear of loss / fear of choosing cycle</p> <p>Therapist as non-judgemental Empowering the client to choose and to accept their choice(s) Therapist fostering courage in client - being non-judgemental Therapist fostering courage in client - empowering client to make a decision and to accept their decision Therapist use of visualization of various potential choice outcomes with clients.... ...and what the costs of these choices might be</p> <p>Therapist helping the client by voicing how making a choice may take courage and time - validates process for client</p>

APPENDIX 21: INDIVIDUAL PARTICIPANT SUPER-ORDINATE THEME DEVELOPMENT



TC = therapeutic courage

APPENDIX 22: EXTRACTS FROM LISTS OF EMERGENT AND SUPER-ORDINATE THEMES

"CHRISTOPHER"

THERAPEUTIC EVOLUTION OF THE COURAGEOUS CLIENT

Courage as catalyst for client

As client - source of therapeutic courage:

1. Secure therapeutic alliance and environment
2. Self of the client

As client - courage activates transition from inner painful dwelling to clarity and interest in "outer" world and people

As client - courage is a necessary part of the process of change

As client - courage not actioned via self-protective choice - rather than just not being able to face fear

Paradox of courage in therapy - choosing not to face a difficult issue could be seen as courageous (facing the fear in choosing not to do something)

As client - courage to reveal is multifactorial: positive therapeutic alliance, environment, being validated

Client - courage to reveal in spite of fear of reaction

Client courage - process feels positive for client

As client - courage to go deeper knowing they'll survive (through feeling safe in therapy)

Counsellor as inhibitor of courage in client

Definition - Absence of client courage may be in their resistance, being closed, inconsistent, incongruent, dishonest

Client courage in revealing something traumatic

Ability or otherwise to verbalize emotions may affect courage as client

Client courage promotes learning/becoming enlightened

Client fear of counsellor reaction may inhibit deeper revelation

Client courage fuels a circular process enabling counsellor to reflect back

Gender perceptions of counselling may affect one's courage as client (counselling seen as "feminine")

The client/courage continuum

Pleasure in having revealed/unburdened

Courage to unburden huge secrets...for which counselling may be only conduit for client

Client - Importance of secure, non-judgemental therapeutic relationship to feel courageous

Counsellor as enabler of courage in client

Therapeutic courage as client difficult to define

Some clients need time/reassurance/trust to go deeper

Clients may fear consequences of revelations

Client courage in unburdening

Helps clients to understand what counselling is

Client needs to feel secure in therapy to unburden

As client - all things being equal in therapeutic alliance, counsellor challenges test client courage

As client - encouraged to be courageous ?snowball effect

As client - courage enables client to verbalize and share issues

Having been courageous, resolving depth issues affords client great comfort

Client needs time to unburden

Client courage

Continuum of client courage - just to come for counselling (e.g. elderly)

Client courage:

- facing true self including shadow
- facing reality

As client - therapeutic courage is:

1. conscious decision to reveal
2. unconscious process - psychological imperative through being overwhelmed
3. client senses/feels/intuits it's OK to go there - edge of awareness

Client courage:

- facing shadow side of self
- facing truths/reality
- acknowledging mistakes
- reflecting (on self, situations, others)

APPENDIX 22: EXTRACTS FROM LISTS OF EMERGENT AND SUPER-ORDINATE THEMES/cont.

"CEREWAN"

THE INDISPENSABILITY OF COUNSELLOR PERSONAL THERAPY

The value of personal therapy

Dangers inherent in therapists who have not undergone their own psychological growth - renders them incompetent
Personal therapy of therapist takes huge dedication to care of self/developing self-identity as person and practitioner
Importance of therapist personal therapy in developing inner wisdom/transpersonal qualities
As a therapist - critical importance of taking one's own journey - clients can tell if you haven't
Therapist cannot deliver optimal therapy without having undergone their own psychological journey
Importance and value of therapist personal therapy
Value of the therapist who has undergone their own journey and respects the process

Therapist learning from personal therapy

As a therapist - learning from personal therapy -
1. compassion for others going through the same process as self
2. patience with clients, understanding how long the process can be
Embodying hope/belief as therapist
Enhancing therapist presence/way of being
Embodying the value of therapy with clients
Appreciating client struggle/frustration
Appreciating client's process having been through it themselves, knowing process worth it and communicating this to clients
Importance of commitment to client, respecting their process however long
Increased empathy and patience with clients
The huge value of ethical practice
Understanding process of transition from fantasy to reality, accepting loss in change
Value of undergoing therapy
We all make mistakes - the "good enough" therapist
Working ethically enables therapist to be more honest and authentic which directly benefits client
Working ethically engenders deeper trust
As a therapist - learning from personal therapy -
1. enhanced commitment to clients
2. never giving up on clients even when things get difficult
Therapist experience of suboptimal therapy helps them understand ethical issues
Therapist experience of suboptimal therapy helps them understand what does not work
Learning from inappropriate personal therapy - understanding damage unethical therapists do
As a therapist - learning from personal therapy -
1. critical of other therapists who are unethical
2. critical of therapists who have no staying power with clients when therapy is difficult
Therapist personal therapy - experiencing a range of different therapies/therapists helps therapist understand what helps and what does not
Therapist experience of suboptimal therapy helps them to seek the right therapy and find what works
As therapist - learning from own therapy that process is worth it
Therapist learning from therapy - experience of facing difficult issues & making right choice is rewarding
Counsellor experience of good therapist increases therapist's knowledge of what kind of therapy/approach/style/way of being helps clients
Benefits of long-term therapy for counsellor ⇒ understand different approaches/styles, know what it's like to be a client
As a therapist - learning from personal therapy -
1. crucial importance of maintaining therapeutic frame
2. clients will intuit an unethical frame
3. therapy cannot occur without an ethical frame
4. a therapeutic relationship cannot happen without an ethical frame

APPENDIX 22: EXTRACTS FROM LISTS OF EMERGENT AND SUPER-ORDINATE THEMES/cont.

"STEVE"

THE COURAGEOUS THERAPIST

Therapist accepting client choice not to go deeper - can be difficult
Therapist courage of conviction
Therapist courage in placing client's situation in context - according to therapist ability/
experience/values/judgement/ethical stance
Therapist courage in admitting they are wrong
Therapist courage of conviction e.g. total confidentiality versus professional boundaries
Therapist courage in focusing on difficult issue rather than avoiding it
Therapist awareness of use of language
Therapist honesty and courage in working with difficult/complex work and feelings in supervision
The values in a therapist's openness and honesty about how they work
Courage of therapist in offering a safe space for client to go to deep place - therapist willing to go
there too
Courage of therapist to stay with feelings rather than avoid
Courage of conviction of therapist
Courage of therapist in finding balance between intimacy and risk in the therapeutic encounter
Therapist managing feelings around client not able to go deeper - questioning of self - maybe self-
critical - holding the "not knowing"
Concept of client responsibility for their actions outside the therapy room
Courage of therapist in facing their own feelings in client work (honesty)
Therapist acceptance of therapeutic outcome which may be frustrating/unsatisfactory for therapist
Therapist accepting self as "good enough" therapist
It takes courage for the therapist to be tenacious
Courage of both therapist and client in working with and staying with big issues and working
towards a therapeutic ending
Conscious act of courage by therapist to work with situation and to stay with it
How do therapists work in organization where their values may be at odds with the organization?
Moral courage of counsellor in standing up for their values in counselling opposite limits of
confidentiality they can offer clients
Therapist moral courage in an organization
Courage of conviction of therapist/values/personal ethical stance
Values as therapist may mean one might even risk being prepared to lose one's job
Therapist questioning their process as a therapist - takes courage and honesty
Dissonance between demands of organization and values of therapist - takes courage to manage
as therapist
The courage of therapists working at emotional depth in certain contexts e.g. clients with terminal
illness
Difficult for therapist managing their feelings around a client who has not been able to go deeper in
therapy

CLOSE TO THE EDGE: WALKING THE LINE IN THERAPY

Courage of therapist in staying at edge with client, so client doesn't regret having gone there (i.e.
avoiding harm to client)
Therapist courage in containing the fragility whilst ensuring ethical boundaries are not broken
Takes courage to walk the line as therapist and client
Courage of the therapist in being willing to push the professional edge
Courage in counsellor holding a fragile and deep process without it breaking
The fine line of going close to edges versus deep therapy - too close and therapy breaks down
Moral courage of therapist going close to ethics edges enables deeper relational meeting with client
Therapist - having courage to work at edges of therapeutic boundaries can effect positive change in
client
Walking the edge (as client) is frightening even in safe therapeutic space
Walking the line - at the edge of boundaries - takes courage both as client and counsellor
Does therapist experience increase their ability to work at the edges?
There's something in one's edge of awareness - but walking the line is a conscious decision

APPENDIX 22: EXTRACTS FROM LISTS OF EMERGENT AND SUPER-ORDINATE THEMES/cont.

"SARA"

THERAPIST AS ENABLER OF CLIENT COURAGE

Creating a safe, holding therapeutic frame

Importance of safe frame in facilitating client courage

Importance of negotiating needs via contracting ⇒ optimal therapeutic alliance

Importance of client trust in the therapist in fostering client courage

Importance of client/therapist agreeing and committing to process

Client courage fostered through safety and therapist providing holding environment (external/maternal unifying centre)

Courage of client - facilitated through safe therapeutic frame engendering client trust

Therapist steadfastness

Facilitates client courage if therapist is strong/constant

Qualities of therapist in engendering client courage - reliability/steadfastness

The therapist presence/openness

Importance of therapist presence in engendering client courage

Importance of communicating safety to clients - through therapist presence, embodiment ⇒ client intuition/subception

Therapist presence as enabler of client courage in facing difficult emotions around mortality

Clients can intuit lack of therapist presence which has negative effect on client courage

Developing a "pure"/open/fundamental presence in service of the client

Courage of therapist working with dying clients in questioning their level of presence in respecting client and their process

Courage of therapist - in judging their presence - strong enough to help clients go deeper, gentle enough to be deeply empathic at liminal space

Concept of therapist honouring client courage shows deep respect

Concept of preparing for sessions (especially regarding context of client) e.g. using meditation to ground/still/centre oneself

Courage and honesty of therapist endeavouring to work at a fundamental "pure" level in service of client (especially with certain client context e.g. dying patients)

Symbiotic process - the presence of the therapist promotes client courage

Facilitating client courage - having courage to go where the client wants to go so that therapist can be more therapeutically present

The presence of the therapist helps facilitate I/thou relationship

Clients can intuit (subception) if a therapist is not strong enough to hold them in therapy

To work courageously as therapist involves awareness of one's presence

Therapist as enabler of courage through their presence in the here and now

Therapist facilitating client courage - through their presence, enabling client to allow their emotions "to be"

Therapist self-expression

Courage of therapist - managing the delicate balance between challenging the client yet not pushing too far into client's fear/pain

Courage of therapist - use of congruent self-expression/reflection/immediacy to client of their felt-sense of the client's emotional world

Importance of therapist reflection/self-expression in promoting client courage (symbiotic process)

Therapist facilitating client courage - mirroring client's process back to them

Important role of the therapist in reflecting to the client the reality of what is happening in pivotal therapeutic moments

Asking clients what they need, how the process feels is very important as therapist

Courage of client and therapist - pausing therapy to review process more objectively ("coming up for air")

Therapist as enabler of client courage - managing tension between not being too intrusive versus challenging the client

Therapist as witness

Symbiosis of courage - courage of client at the edges/occupying dual worlds, enables the therapist's courage in attesting to client's process

Symbiotic process of client's courage in exploration and self-validation, and the therapist's courage to attest to the client's process

APPENDIX 23: EXAMPLE OF A LIST OF SUPER-ORDINATE THEMES AND SUB-ORDINATE THEMES : "CHRISTOPHER"

WHAT IS COURAGE?

Complexity of concept
Definitions
Meanings/synonyms/use of words/inconsistency of usage
Different types of courage
Origins (nature versus nurture, neurology)
Absence of courage

THERAPEUTIC COURAGE AS A SYMBIOTIC PROCESS

Interpersonal dynamic

THERAPEUTIC COURAGE AS A CATALYST TO CHANGE

Courage permeates the therapeutic process
Power of courage as catalyst to change

THE SCOPE OF COURAGE AS A THERAPIST

The counsellor's courage to practise
Fostering the client's courage
Modelling courage
Felt-sense/intuition
Levels of courage (unconscious to conscious continuum)
Therapist fear and vulnerability
Client variance and context of therapy
Learning from courageous clients
Courage in judgement/experience

THERAPEUTIC EVOLUTION OF THE COURAGEOUS CLIENT

The client's fear/courage continuum
Feeling safe in the therapeutic frame
Courage as a choice
Courage as a psychological imperative
The courage to unburden
The courage to change

QUALITIES OF THERAPEUTIC COURAGE

Courage as energy/action
Courage as integrant in therapeutic process/connected to other qualities
The paradox of therapeutic courage

PROFESSIONAL ISSUES AS A THERAPIST

Personal therapy - experience and learning as a client
The place of courage in therapist training

APPENDIX 24: "CHRISTOPHER": TABLE OF SUPER-ORDINATE AND SUB-ORDINATE THEMES WITH SUPPORTING KEY DATA

SUPER-ORDINATE AND SUB-ORDINATE THEMES	Page/line	In vivo quotes
WHAT IS COURAGE?		
Complexity of concept	6.29	I think the whole thing about courage is not quite a simple thing
Definitions	2.14-15	quality of life that allows you...to face the fear, face the danger
Meanings/synonyms/use of words/inconsistency of usage	35.24	I think it's...the application is inconsistent
Different types of courage	33.23-24	courage to be a motor-racing driver you need a certain amount
Origins (nature versus nurture, neurology)	5.19	there's a reservoir of courage in us all
Absence of courage	6.20	to...withdraw or remain as you are
THERAPEUTIC COURAGE AS A SYMBIOTIC PROCESS		
Interpersonal dynamic	7.29	I'm sure that's a two-way street
THERAPEUTIC COURAGE AS A CATALYST TO CHANGE		
Courage permeates the therapeutic process	30.42	like the letters in a stick of rock
Power of courage as catalyst to change	23.14-15	everybody can actually go through giant changes if they find the courage
THE SCOPE OF COURAGE AS A THERAPIST		
The counsellor's courage to practise	27.15-16	I think you need at least a modicum amount of courage just to perform
Fostering the client's courage	7.41	the relationship is a key
Modelling courage	31.13	I think it's mirrored by or from the counsellor
Felt-sense/intuition	24.49-50	I sensed that this was building up to something
Levels of courage (unconscious to conscious continuum)	27.22-23	I think you move up to the next layer of courage
Therapist fear and vulnerability	27.43	then you really are getting higher up the ladder of scariness
Client variance and context of therapy	18.45-46	not everybody has that kind of emotional vocabulary
Learning from courageous clients	23.7-8	it re-confirms that...counselling is a wonderful magical process
Courage in judgement/experience	34.38	I thought that was more professional
THERAPEUTIC EVOLUTION OF THE COURAGEOUS CLIENT		
The client's fear/courage continuum	18.30-31	...at least a modicum of courage otherwise they wouldn't come to counselling
Feeling safe in the therapeutic frame	9.7	how I would be received or judged or listened to
Courage as a choice	14.32-33	stuff'll come up in the counselling...and they will have to choose
Courage as a psychological imperative	10.46	it wasn't totally voluntary 'cos you've reached the end of the road
The courage to unburden	19.42	you know they sometimes think well what might the consequences be?
The courage to change	15.16-17	from about that time onwards his expressions started to change
QUALITIES OF THERAPEUTIC COURAGE		
Courage as energy/action	23.30-36	you need like an extra ingredient...the action bit
Courage as integrant in therapeutic process/connected to other qualities	31.52	it doesn't sit there in splendid isolation
The paradox of therapeutic courage	14.35-36	the client is facing something that requires courage to actually deal with it or not
PROFESSIONAL ISSUES AS A THERAPIST		
Personal therapy - experience and learning as a client	14.21-22	...to appreciate just how hard and how painful it can be
The place of courage in therapist training	29.13	I'm not quite sure if they teach you to be...I think it's indirect

APPENDIX 25: "CEREWAN": TABLE OF SUPER-ORDINATE AND SUB-ORDINATE THEMES WITH SUPPORTING KEY DATA

SUPER-ORDINATE AND SUB-ORDINATE THEMES	Page/line	In vivo quotes
QUALITIES OF COURAGE IN THE THERAPEUTIC PROCESS		
What is therapeutic courage?	24.31	I think therapeutic courage is moral courage
Courage permeates therapy	2.30-31	I actually think it runs right through therapy...it's the essential ingredient really
Concept of transpersonal reservoir of courage	28.54-55	something...transpersonal about it...you're tapping into something that's bigger than you
The courage to choose	3.13	Sometimes it takes a lot of guts to do the right thing
Courage to accept the cost of choosing	4.48-52	the client's got to make a stand on something...but it might cost them
Absence of courage: inability to energize: from reluctance to fear	35.40-44	they're not willing to do the work...you know...they'd rather keep it at that level
TRANSPERSONAL PHENOMENA OF THERAPY		
Karma, courage and the field	11.35-39	Karma...that if you do something wrong or unethical it'll go into the field
Developing intuition, felt-sense and inner wisdom	11.2-7	I guess it's intuition or instinct or something...that gives me courage as well
Facing setbacks - testing one's mettle	46.6-7	...as if there is an energy that knows people are trying to change and it wants to tempt them
SYMBIOTIC PROCESSES OF THERAPY		
Relationship between safety and courage	5.48-49	what I'm trying to do...is to make it...so that they need to use as little courage as possible
Therapist/client faith in the process	10.4-9	they seemed to have faith that I had that within me...so that gave me courage to look inside
Therapist modelling courage and respect	38.39-41	if the therapist shows...they respect the client, the client might think...maybe I'm worth it then
CLIENT COURAGE CONTINUUM		
Levels of client courage	41.24	I think that you could have almost levels of it
Facing difficulty, the feared, the unknown	24.48	the therapeutic work is about bearing the unbearable
Exploration and tenacity	9.19	I think courage comes up there because I actually stayed with the journey
Courage to reveal	18.33-34	they might need a lot of courage to tell you something they've never told anybody
From illusion to reality - facing the truth	41.54-42.4	that's the big advantage of courage...because the pay-off is you're dealing with what's real
Crossing the Rubicon: courage as activator	26.46-50	really forcing himself to go back into these memories...and process them
Courage to risk	27.43-47	it's great that he took the risk...and you have to applaud that person's courage you know
RANGE OF THERAPIST COURAGE		
Courage and work context	4.6	I have to use courage a lot when I'm doing trauma therapy
Facilitating confidentiality and the safe therapeutic frame	3.38-39	sometimes...you have to have a lot of courage as a therapist to...hold the frame of the work
Courage to listen	18.34	you might need courage to hear it
Courage to face difficulty: working at depth	4.6-7	basically I'm taking people to a place they don't wanna go
Honesty, tenacity and facing the unknown	14.53-54-15.3	you don't know how long you're gonna be working with them...so you've got to make that commitment
THERAPIST AS ENABLER OF CLIENT COURAGE		
Promoting trust through the safe therapeutic frame	19.22	in order to be a therapist you've gotta hold an ethical framework in the room
The self of the therapist: empathy, reassurance and presence	9.47	I think they helped me by just how they were in the room
The active therapist: from encouragement to client resilience	4.16	I'm wondering when you'd like to start working on that
COURAGE AND THE ETHICAL THERAPIST		
Practising with ethical integrity	23.27-28	my definition of courage is quite closely linked to having the courage to do the right thing
Conscience and the moral courage of therapists in organizations	21.6	what do you do if your employer is breaking the Code?
The courage to take an ethical stand	33.50-51	we do have to speak up and we do have to say I'm sorry I can't do that because it wouldn't be ethical
THE INDISPENSABILITY OF COUNSELLOR PERSONAL THERAPY		
The value of therapist personal therapy	13.38	I think it's very important that people have their own personal therapy
Therapist learning from personal therapy	15.7-8	I think having had to do some difficult things...in my own therapy, I've got a lot more compassion
LEARNING FROM COURAGEOUS CLIENTS		
Validating the therapist's profession	28.16-17	you know every time I witness it [courage] or see it I'm amazed you know - and it sort of keeps me in the job
CONTEMPORARY PROFESSIONAL ISSUES		
Therapist training - are standards high enough?	17.36-37	I think there are too many trainings...I think the standards are too low
Protecting and enhancing the profession	20.52	you need courage I think to protect the profession

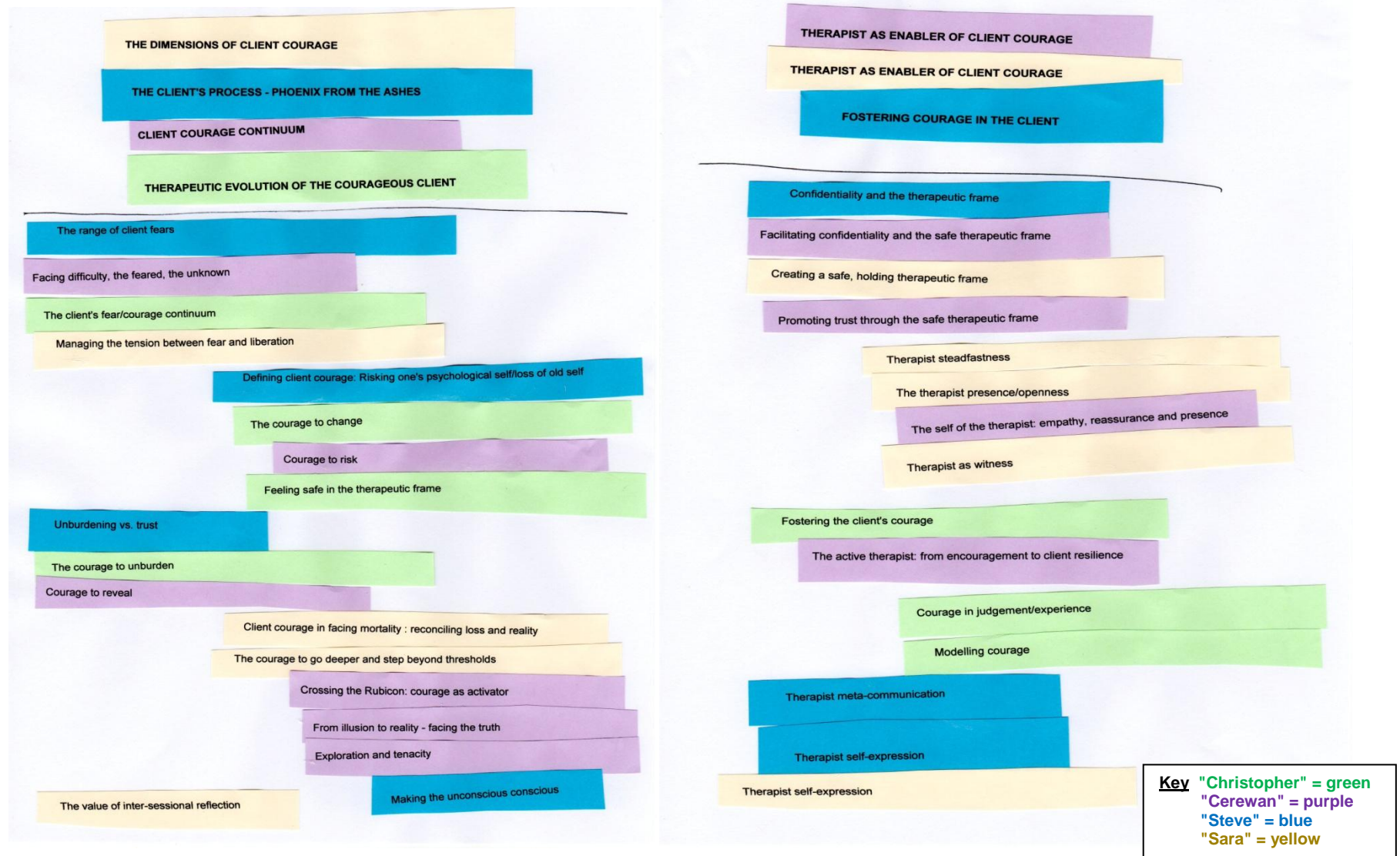
APPENDIX 26: "STEVE": TABLE OF SUPER-ORDINATE AND SUB-ORDINATE THEMES WITH SUPPORTING KEY DATA

SUPER-ORDINATE AND SUB-ORDINATE THEMES	Page/line	In vivo quotes
THERAPEUTIC COURAGE AS ACTIVATOR		
Courage as an action	4.34	for me courage is almost a...conscious act
Pivotal role of courage in therapy	25.52-53	when we go near those edges...a depth of therapy happens
CLOSE TO THE EDGE: WALKING THE LINE IN THERAPY		
Walking the line as a therapist	13.40-41	I feel like I'm willing to push the professional edge
Walking the line as a client	32.8	I feel I'm gonna take the risk of walking that edge
SYMBIOTIC PROCESS OF THERAPY		
Relationship between safety and courage	31.53	that they feel safe enough to take the risk
The voice of the client and the therapist	18.32	that gives me space then for some self-expression
Relational depth	35.8-9	spirals of meta-communication...through layers of meeting together
Circularity of courage between therapist and client	23.41	that's my courage and I think it took her courage as well
THE CLIENT'S PROCESS - PHOENIX FROM THE ASHES		
Defining client courage: Risking one's psychological self/loss of old self	3.20	being willing to think that like a Phoenix I'll rise from the ashes
The range of client fears	7.25	the fear was of judgement definitely
Blocks to courage	9.20	but I didn't really feel an encouragement
Absence of courage	4.38-39	a willingness to be with unconscious being - to simply be as I am
Levels of courage	16.47	it's opening up that level for me that...that's almost a step of courage
Making the unconscious conscious	4.6-7	the courage comes in where there is some level of edge of awareness
Courage as a conscious choice to dare	4.16-17	to actually think - yes I'll go into the fear, face the fear
Tenacity versus avoidance	3.38-39	to actually go with that and actually continue to stay with that rather than to avoid
Unburdening versus trust	35.1	so there's an expression of the need for some deeper level of trust
THE COURAGEOUS THERAPIST		
The nature of therapist fear	27.10-11	therapy can't happen if the therapist is feeling scared
The client in context	14.23-27	people who've got long-term illnesses etc...it's one of the things that catches me
Therapist honesty	14.2-3	I make sure you know everybody I work with knows how I work and where I stand
Therapist daring and tenacity	23.31-32	I offered a deliberate act of courage in saying I'm willing to work with this
The balance between risk and intimacy	22.11	It becomes a difficult situation but it's one that's gotta be worked on
ETHICS AND THE COURAGEOUS THERAPIST		
Moral courage	12.6	even if I have an organizational requirement to do so, I will not police
Courage of conviction	14.9-10	I'm not gonna let it stop me being the therapist that I feel I need to be
Confidentiality and the therapeutic frame	26.52	but as a person in this society I don't think I can sit with holding that
Ethical dilemmas	28.26-30	I was in an ethical dilemma basically...and I needed to talk to him about that
FOSTERING COURAGE IN THE CLIENT		
Willingness to hold the client's pain	32.48	I'm gonna say that I'm willing to try and hold it if you're willing to
Therapist felt-sense/intuition	20.4	there was a sense of something here is not being discussed
Therapist self-expression	37.27	what sort of self-expression might be valid what might not be valid and why
Therapist meta-communication	20.44-45	so for me a part of the courage thing is to go into the...meta-communication
THE LEARNING CURVE OF THE THERAPIST		
The scope of learning from personal therapy	7.45-46	that made me realize just how difficult it is for a client trying to share something
Learning from courageous clients	25.20	I feel that I've managed to do my bit to create that space without imposing
Therapist training	30.3-7	progressive training...unfortunately I actually think some of that maybe gets buried
Theoretical orientation	37.28-29	it's just worth chewing over not to make it into a systematic directive way of being

APPENDIX 27: "SARA": TABLE OF SUPER-ORDINATE AND SUB-ORDINATE THEMES WITH SUPPORTING KEY DATA

SUPER-ORDINATE AND SUB-ORDINATE THEMES	Page/line	In vivo quotes
THE QUALITIES AND AMBIGUITIES OF THERAPEUTIC COURAGE		
Daring to take a risk	2.49-50	it's around...daring...it's around taking myself beyond I guess I could say my comfort zone
Courage as an energy/activator	8.34	so it was really pushing back the walls
Courage as predominantly a conscious decision	10.15-16	it was a very conscious decision to take myself somewhere
The unconscious courageous process	10.14-15	for me that sort of courage I can be caught by it sometimes within myself or within my clients
The perceptibility of courage	2.50-51	It's got for me a very...I guess a very sort of tangible quality to it
The intimacy of courage	39.7-8	there's an invisibility around that of places that they can go or we can go that nobody else can see into
The inner reserve of courage	40.38	drawing on whatever I feel I might need to as far as my courage is concerned
The transpersonal nature of courage	23.3-5	if we're working as authentically as we can do...there feels to be something of a purity there
Absence of courage	13.48-52	so there was a reluctance I think...a sort of hesitancy around can I actually do this?
SYMBIOTIC PROCESSES IN THERAPY		
The synergy of fear and creative energy of courage	45.1	it's a place of greatest aliveness...and also of greatest fear
The synergistic dynamic between therapist and client	33.33-38	can I be as fully immersed with them...as perhaps their process really needs me to be...?
THE DIMENSIONS OF CLIENT COURAGE		
The source of client courage	2.55-3.4	something that comes for me from a place that feels very...quite raw and...quite fundamental
Managing the tension between fear and liberation	28.25-26	the double-edged sort of sense of them really the sort of...the liberation...and...the fear
The courage to go deeper and step beyond thresholds	10.1-6	and use my determination...and courage, bravery whatever to actually...go to some of those places
The value of inter-sessional reflection	8.29-30	but for me a lot of the work was going on when I took myself away and didn't try and wrap it back up
THE SCOPE OF THERAPIST COURAGE		
Facing one's fears/limits in service of the client	30.31-33	but that's part of my sort of wanting to push and to challenge myself...can I hold courage here?
Learning the language of the client-in-context	27.34-35	that also for me is around the courage - can I learn something of those new languages...?
The courage to share client pain	20.28-32	that feels frightening for them...deeply challenging for me
Courage to accompany client on transpersonal journey	21.2-3	if I'm going to be more therapeutically available to my clients then I don't have a choice
The courage to face therapist's own existential issues	26.7-11	to feel in myself... that sense of what is it like to contemplate my own dying?
THE CLIENT-IN-CONTEXT CONTINUUM : END-OF-LIFE CLIENT		
Therapist courage working with end-of-life clients	32.41-42	important part of it perhaps more so than maybe working...with other clients in different sorts of work
Walking the edge of the dual worlds of end-of-life clients	32.48-49	travelling...that path between this new world of vulnerability or fear or anger, and the old world
Client courage in facing mortality : reconciling loss and reality	34.43-47	this is really real isn't it?...I can't undo this can I?
Learning from courageous clients: clients reclaiming their identity	44.17-21	emotional and the physical coming together...where I see some of the greatest courage in my clients
LIMINAL THRESHOLDS IN THERAPY		
Creativity versus tension at liminal therapeutic edges	17.2-3	balance between...how does this stay a therapeutic process, when might it become something else?
Ethical issues at the liminal therapeutic edge	22.53-54	it is around daring and...thinking...how am I trusting what I believe is the sort of ethical heart of us
THERAPIST AS ENABLER OF CLIENT COURAGE		
Creating a safe, holding therapeutic frame	7.33	not only was I trusting her to hold me therapeutically safe
Therapist steadfastness	12.37	I really needed to trust in her constancy
The therapist presence/openness	21.7-8	offer the sort of presence that means clients can fall to more and more vulnerable places
Therapist self-expression	11.1-2	and she was...sort of mirroring back some of that...my actually sitting with it that felt very important
Therapist as witness	39.13-14	I guess in my witnessing them...is a something of...a self-validation in a way
THE FUNDAMENTAL IMPORTANCE OF THERAPIST SELF-CARE		
Relationship between personal therapy and clinical practice of therapist	44.27-29	I need as a therapist to...continue my own process...in my honouring of the courage that I witness
Learning from personal therapy	16.38-39	am more likely now to voice and express more of myself that's the relational depth sort of me
Therapist reflexivity	33.38-39	can I also be aware enough of the wholeness of our encounter...?
Therapist self-care	29.52-53	it feels more for me around finding my own sort of still point really
CONTEMPORARY PROFESSIONAL ISSUES		
The place of courage in therapist training	43.5-9	Why not have...you know a module looking at courage and fear?
Challenges of the 50 minute hour	7.28-29	working with a slightly wider timescale that actually enabled me to...drop further into my own process

APPENDIX 28: EXAMPLES OF THE PROCESS OF ESTABLISHING MASTER THEMES ACROSS PARTICIPANTS



[illegible]

Key "Christopher" = green
"Cerewan" = purple
"Steve" = blue
"Sara" = yellow

APPENDIX 30: SUPER-ORDINATE AND SUB-ORDINATE THEMES LEADING TO MASTER THEMES ACROSS ALL PARTICIPANTS

Key "Christopher" = green "Cerewan" = purple "Steve" = blue "Sara" = yellow

4.3 COURAGE AS THE NEXUS OF THERAPY

4.3.1 The essence of therapeutic courage

Super-ordinate Themes

What is courage?

Qualities of therapeutic courage

Qualities of courage in the therapeutic process

Transpersonal phenomena of therapy

The qualities and ambiguities of therapeutic courage

Sub-ordinate Themes

Complexity of concept

Definitions

Meanings/synonyms/use of words/inconsistency of usage

Origins (nature versus nurture, neurology)

Different types of courage

Courage as integrant in therapeutic process/connected to other qualities

Courage permeates the therapeutic process

The paradox of therapeutic courage

Courage as a psychological imperative

Felt-sense/intuition

What is therapeutic courage?

Courage permeates therapy

Karma, courage and the field

Developing intuition, felt-sense and inner wisdom

Facing setbacks - testing one's mettle

Concept of transpersonal reservoir of courage

Pivotal role of courage in therapy

Therapist felt-sense/intuition

The source of client courage

The intimacy of courage

Daring to take a risk

The inner reserve of courage

The perceptibility of courage

The unconscious courageous process

The transpersonal nature of courage

APPENDIX 30: SUPER-ORDINATE AND SUB-ORDINATE THEMES LEADING TO MASTER THEMES ACROSS ALL PARTICIPANTS/cont.

Key "Christopher" = green
"Cerewan" = purple
"Steve" = blue
"Sara" = yellow

4.3.2 A conscious action and catalyst to change

Super-ordinate Themes

Therapeutic courage as a catalyst to change

Therapeutic courage as activator

Sub-ordinate Themes

Power of courage as catalyst to change

Courage as energy/action

Courage as a choice

The courage to choose

Courage to accept the cost of choosing

Courage as an action

Courage as a conscious choice to dare

Courage as an energy/activator

Courage as predominantly a conscious decision

Sub-ordinate Themes

Absence of courage

Absence of courage: inability to energize: from reluctance to fear

Absence of courage

Blocks to courage

Tenacity versus avoidance

Absence of courage

4.4 THE SYNERGY OF COURAGE IN THE THERAPEUTIC DYNAMIC

4.4.1 Symbiotic processes of therapy

Super-ordinate Themes

Therapeutic courage as a symbiotic process

Symbiotic process of therapy

Learning from courageous clients

Symbiotic process of therapy

Symbiotic processes of therapy

Sub-ordinate Themes

Interpersonal dynamic

Learning from courageous clients

Relationship between safety and courage

Therapist/client faith in the process

Therapist modelling courage and respect

Validating the therapist's profession

Relationship between safety and courage

The voice of the client and the therapist

Relational depth

Circularity of courage between therapist and client

Learning from courageous clients

The synergy of fear and creative energy of courage

The synergistic dynamic between therapist and client

Learning from courageous clients: clients reclaiming their identity

APPENDIX 30: SUPER-ORDINATE AND SUB-ORDINATE THEMES LEADING TO MASTER THEMES ACROSS ALL PARTICIPANTS/cont.

Key "Christopher" = green "Cerewan" = purple "Steve" = blue "Sara" = yellow

4.4.2 The self of the therapist: enabling courage in the service of the client

Super-ordinate Themes

The scope of courage as a therapist

Range of therapist courage

Therapist as enabler of client courage

The courageous therapist

Fostering courage in the client

The scope of therapist courage

Therapist as enabler of client courage

Sub-ordinate Themes

Therapist fear and vulnerability

The counsellor's courage to practise

Fostering the client's courage

Courage in judgement/experience

Modelling courage

Honesty, tenacity and facing the unknown

Courage to face difficulty: working at depth

Courage to listen

Facilitating confidentiality and the safe therapeutic frame

Promoting trust through the safe therapeutic frame

The self of the therapist: empathy, reassurance and presence

The active therapist: from encouragement to client resilience

Therapist daring and tenacity

The nature of therapist fear

Willingness to hold the client's pain

Confidentiality and the therapeutic frame

Therapist meta-communication

Therapist self-expression

Facings one's fears/limits in service of the client

Courage to accompany client on transpersonal journey

The courage to share client pain

Creating a safe, holding therapeutic frame

Therapist steadfastness

The therapist presence/openness

Therapist as witness

Therapist self-expression

APPENDIX 30: SUPER-ORDINATE AND SUB-ORDINATE THEMES LEADING TO MASTER THEMES ACROSS ALL PARTICIPANTS/cont.

4.4.3 Crossing the Rubicon: Dimensions of client courage

Key "Christopher" = green
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Super-ordinate Themes

Therapeutic evolution of the courageous client

Client courage continuum

The client's process: Phoenix from the ashes

The dimensions of client courage

Sub-ordinate Themes

The client's fear/courage continuum

The courage to change

Feeling safe in the therapeutic frame

The courage to unburden

Facing difficulty, the feared, the unknown

Courage to risk

Courage to reveal

Crossing the Rubicon: courage as activator

From illusion to reality - facing the truth

Exploration and tenacity

The range of client fears

Defining client courage : risking one's psychological self/loss of old self

Unburdening versus trust

Making the unconscious conscious

Managing the tension between fear and liberation

Client courage in facing mortality : reconciling loss and reality

The courage to go deeper and step beyond thresholds

The value of inter-sessional reflection

Challenges of the 50 minute hour

4.4.4 The client-in-context

Super-ordinate Themes

The client-in-context continuum : end-of-life client

Sub-ordinate Themes

Client variance and context of therapy

Levels of courage (unconscious to conscious continuum)

Courage and work context

Levels of client courage

The client-in-context

Levels of courage

Learning the language of the client-in-context

Therapist courage working with end-of-life clients

4.4.5 Liminal thresholds of therapy: creativity versus tension

Super-ordinate Themes

Close to the edge: walking the line in therapy

Liminal thresholds in therapy

Sub-ordinate Themes

Walking the line as a client

Walking the line as a therapist

The balance between risk and intimacy

Walking the edge of the dual worlds of end-of-life clients

Ethical issues at the liminal therapeutic edge

Creativity versus tension at liminal therapeutic edges

APPENDIX 30: SUPER-ORDINATE AND SUB-ORDINATE THEMES LEADING TO MASTER THEMES ACROSS ALL PARTICIPANTS/cont.

4.5 PROTECTING AND ENHANCING THE PROFESSION

Super-ordinate Themes

Professional issues as a therapist

Contemporary professional issues

The learning curve of the therapist

Contemporary professional issues

Sub-ordinate Themes

Protecting and enhancing the profession

Key "Christopher" = green
"Cerewan" = purple
"Steve" = blue
"Sara" = yellow

4.5.1 The indispensability of practitioner personal therapy and self-care

Super-ordinate Themes

The indispensability of counsellor personal therapy

The fundamental importance of therapist self-care

Sub-ordinate Themes

Personal therapy - experience and learning as a client

The value of therapist personal therapy

Therapist learning from personal therapy

The scope of learning from personal therapy

Therapist honesty

Learning from personal therapy

Relationship between personal therapy and clinical practice of therapist

Therapist self-care

Therapist reflexivity

The courage to face therapist's own existential issues

4.5.2 The place of courage in therapist training

Sub-ordinate Themes

The place of courage in therapist training

Therapist training - are standards high enough?

Therapist training

Theoretical orientation

The place of courage in therapist training

4.5.3 Therapist moral courage and ethical dilemmas

Super-ordinate Themes

Courage and the ethical therapist

Ethics and the courageous therapist

Sub-ordinate Themes

Practising with ethical integrity

The courage to take an ethical stand

Conscience and the moral courage of therapists in organizations

Moral courage

Courage of conviction

Ethical dilemmas

APPENDIX 31: MASTER THEMES AND SUB-ORDINATE THEMES FOR ALL PARTICIPANTS : KEY IN VIVO DATA

4.3 COURAGE AS THE NEXUS OF THERAPY

Participant	In vivo quotes	Page/line
4.3.1 The essence of therapeutic courage		
"Christopher"	I mean to me it's that kind of quality of life that allows you to...face the fear, face the danger, basically	2.14-15
"Cerewan"	I think the nature of courage as I see it is...karma is in there I think	2.53-54
"Steve"	facing...or are taking a risk with their psychological being	3.23
"Sara"	something very specific for me about actually daring myself and perhaps also being challenged to...go beyond a point where I'd actually...you know where I hadn't been before really	4.7-12
4.3.2 A conscious action and catalyst to change		
"Christopher"	sometimes you can see them physically become lighter in mood and spirit whatever...certain clues	21.47-48
"Cerewan"	sometimes we're faced with choices and both of them are difficult so you have to decide well which choice is the best in the long run	3.7-8
"Steve"	to actually think - yes I'll go into the fear, face the fear rather than you know avoiding...for me that's the point of courage	4.16-21
"Sara"	really pushing through some of the perhaps more instinctive or more cognitive responses...to get to something that felt much more raw and much more profound	4.51-5.1

4.4 THE SYNERGY OF COURAGE IN THE THERAPEUTIC DYNAMIC

Participant	In vivo quotes	Page/line
4.4.1 Symbiotic processes of therapy		
"Christopher"	but I'm sure it works both ways...that in a way they're each kind of giving permission to say things aren't they?	36.13-14
"Cerewan"	so you know it was like because they could see something in me, I could see it	10.17
"Steve"	you know that's great you know that's your own internal locus of evaluation in...not just taking me on as expert so I really see it as a positive and I know that I feel that...and for that gives me space then for some self-expression	18.30-32
"Sara"	I'd come back to that sense of daring...it was...you know can I actually sit with this and...and face it...and yeah being in the presence of somebody who didn't seem frightened was very important to me at that point	4.21-27

APPENDIX 31: MASTER THEMES AND SUB-ORDINATE THEMES FOR ALL PARTICIPANTS : KEY IN VIVO DATA/cont.

4.4 THE SYNERGY OF COURAGE IN THE THERAPEUTIC DYNAMIC/cont.

Participant	In vivo quotes	Page/line
4.4.2 The self of the therapist: enabling courage in the service of the client		
"Christopher"	Well you need a bit of confidence in yourself and your knowledge don't you to think well I'm gonna challenge this	6.7-8
"Cerewan"	I think you have to have a lot of courage as a therapist to...hold the frame of the work...to keep it safe for your clients	3.38-43
"Steve"	but I think it's working round the edges of it...to build the space and erm and I think the effect for him was to make him think my God am I really thinking of going back to that life	28.35-40
"Sara"	that if I am able to communicate to them higher or deeper and deeper levels of I'm safely held here and therefore can safely hold you	15.3-4
4.4.3 Crossing the Rubicon: dimensions of client courage		
"Christopher"	that's where you really need the inner courage to say well despite that I'm gonna say this anyway	7.44-46
"Cerewan"	sometimes courage isn't about facing a memory...in fact more often it's about facing something real	6.2-3
"Steve"	I think the courage really for a client is about erm I'm gonna allow myself to drop into a process where my psychological being will disintegrate I will go through a psychological death and rebirth	34.9-11
"Sara"	courage I think was very much around for me and saying "Can I actually...can I actually do that? Am I going to actually do this?"	5.5-6
4.4.4 The client-in-context		
"Christopher"	I think it requires a lot of courage...Especially for older people because I think it's a bit more alien to them	18.31-35
"Cerewan"	so for example if I'm working with someone who's got post-traumatic stress I do a lot of work on just telling them how the brain works, how the body works	6.11-12
"Steve"	then so for me is the difference between say you know an 18 year old who's lost their first love...and is feeling suicidal compared to say somebody who's dying of cancer	13.22-23
"Sara"	I think...with my work at the hospital it's...been around the...the couple of clients I've worked with up until the point they died...that has been when it's felt like we're both as client and counsellor in a...in a very different world	17.29-35
4.4.5 Liminal thresholds of therapy: creativity versus tension		
"Christopher"	well I didn't consciously think or ask the question do I have enough courage to stay with this angry man to let him...you know...I think all this happens at kind of the speed of light	34.8-10
"Cerewan"	you know you're actually saying no let's hold the frame let's see what happens if we do this thing we really don't wanna do	12.29-30
"Steve"	maybe that's something about the fragility and actually recognizing OK I feel I can go there I'm gonna go there I'm gonna take the risk but I feel I'm gonna take the risk of walking that edge	32.6-8
"Sara"	the importance for me around liminality and...edges and thresholds and...that sort of for me...is where courage most fully seems to manifest...in those sorts of places	44.35-45

APPENDIX 31: OF MASTER THEMES AND SUB-ORDINATE THEMES FOR ALL PARTICIPANTS : KEY IN VIVO DATA/cont.

4.5 PROTECTING AND ENHANCING THE PROFESSION

Participant	In vivo quotes	Page/line
4.5.1 The indispensability of practitioner personal therapy and self-care		
"Christopher"	like I was when I was in counselling...the client's got to undergo issues or may have to undergo a whole load of decision-making about do I reveal	14.23-25
"Cerewan"	knowing when someone's worked ethically with me, even though it might have been difficult for them I'm kind of getting the sense of it deepens something and it enables you to trust them deeper	14.20-22
"Steve"	I learnt the value of having a safe space to be able to talk through whatever I wanted to be able to talk through	14.47-48
"Sara"	how can I truly honour the processes of my clients if...I'm not going to be able to engage in the process of daring and courage and vulnerability for myself	14.40-42
4.5.2 The place of courage in therapist training		
"Christopher"	I think it would...it would be helpful if it [courage] was talked about	29.37
"Cerewan"	I think sometimes the training needs to be more courageous in saying "no you're not ready"	18.50-51
"Steve"	so I think as a trainee there's that recognition of I'm trying to offer this but there's also a restriction on that...and therefore working at the edges maybe something I'll step back from doing	29.38-43
"Sara"	how do we as trainees and as therapists actually...not simply witness courage in clients but what happens at that sort of interface?	42.6-8
4.5.3 Therapist moral courage and ethical dilemmas		
"Cerewan"	the lower down the hierarchy you get, the more difficult it is to protect the frame and the more courage you need to raise a concern because you have very little power in the institution	21.50-52
"Steve"	for me...it's really important to have a sense of the total confidentiality even though that doesn't fit...with professional sort of boundaries	12.23-24
"Sara"	I am part of this world and I'm glimpsing theirs...but I'm trying somehow to be in both simultaneously, then for me...that is a different...a different terrain it's a different world it's different rules	25.28-34

APPENDIX 32: "CEREWAN": EXAMPLES OF ONE MASTER THEME/ONE SUB-ORDINATE THEME WITH SUPPORTING KEY DATA

MASTER THEME/SUB-ORDINATE THEME	Page/line	In vivo quotes
4.5 PROTECTING AND ENHANCING THE PROFESSION		
4.5.3 Therapist moral courage and ethical dilemmas	46.37-39	I think it is really important that people do...have courage and do do the right things and...you know speak up and say when things are wrong...because they raise standards for all of us
	39.45-50	this is where I get angry about...so-called therapy that isn't therapy...you know I don't know what they were calling it but...this person had never had a confidential session
	31.50-51	I'm so glad that we've got those standards because it means we get really, really good people
	19.43-44	so courage then comes in because if you really mean what you say when you sign these ethical codes, you're supposed to put the needs of the client first
	19.55-20.2	they're scared to say anything because they might lose their jobs but actually working in the way they're being asked to work isn't therapeutic
	20.6-10	I mean they might call it therapy but it isn't therapy...it's something else...it's absolutely not ethical
	46.11-19	so you know this thing erm evil thrives when good men do nothing...that's why I think it is so important that good men do something...because there's this entropy we can fall into
	33.47	I think the problem I have is that if everybody does that, where do we go?
	19.17-18	there's another element to that which is that people are being trained to go out to do this work and they might find themselves in institutions that are unethical
	40.11-15	because they would ask for stuff and I'd say I'm sorry I can't tell you it's confidential...that would take courage
	15.54-16.4	sometimes it's really tempting you know sometimes it's really tempting to cross the line...and you really have to soul search not to
	21.1-2	actually you know a lot of people sign the Codes of Ethics but you need courage to actually keep them
	22.33-34	I mean there you have a...sort of deviant institution setting rules so what do you do then as the counsellor?

APPENDIX 33: "SARA" - EXAMPLES OF ALL MASTER THEMES/SUB-ORDINATE THEMES WITH SUPPORTING KEY DATA

MASTER THEME/SUB-ORDINATE THEME	Page/line	In vivo quotes
4.3 COURAGE AS THE NEXUS OF THERAPY		
4.3.1 The essence of therapeutic courage	2.49	My instinct is for me it's around...daring, it's around edges and thresholds
	10.38-42	It felt like something is really happening here...in a way that I hadn't sort of felt it before
	4.21	I guess I'd come back to that sense of daring
4.3.2 A conscious action and catalyst to change	8.38-42	if I'm going to be...be courageous here...then how am I going to really do that, that means it's...it's real
	4.40-41	when is my honouring of my process - when does that lend itself to saying you need to do this, you need to keep going with this
	4.47	why am I really here, what is this really about...?
4.4 THE SYNERGY OF COURAGE IN THE THERAPEUTIC DYNAMIC		
4.4.1 Symbiotic processes of therapy	12.3	a style of working that seemed to match us both
	5.23-24	being in the presence of an Other was integral to that for me
	31.2-3	we walked or travelled that sort of edge together for quite some time
4.4.2 The self of the therapist: enabling courage in the service of the client	40.37-39	for me as therapist with them is around drawing on whatever I feel I might need to as far as my courage is concerned to hear what they might need me to hear
	20.9	my sense of our presences together
	16.48-53	actually daring to...to offer them...a different type of encounter that for me feels far more...in some ways far more alive
4.4.3 Crossing the Rubicon: Dimensions of client courage	20.24-28	and actually to be able to engage with the rawness...that feels frightening for them
	4.16-27	that for me brought up quite a lot of...quite a lot of fear and quite a lot of fear from a place that I think I hadn't been to for a very long time
	38.20-30	I've gotta draw on every ounce of courage I've got to keep walking through the town...or whatever ...because I'm in the spotlight now, something is over my head screaming at me - "cancer patient"

APPENDIX 33: "SARA" - EXAMPLES OF ALL MASTER THEMES/SUB-ORDINATE THEMES WITH SUPPORTING KEY DATA/cont.

MASTER THEME/SUB-ORDINATE THEME	Page/line	In vivo quotes
4.4 THE SYNERGY OF COURAGE IN THE THERAPEUTIC DYNAMIC	/CONT.	
4.4.4 The client-in-context	15.14-15	I have to do this if I'm going to continue to work with clients at end-of-life
	21.29	then actually what does it need to be for them? What does that need to be?
	23.22-24	and drop down to the level at which - as far as I can go anyway that's appropriate for the sort of context and my work
4.4.5 Liminal thresholds of therapy: creativity versus tension	44.35-36	I've been re-reminded this morning of the importance for me around liminality
	28.13-14	something of a very uncomfortable balance within the sort of...the ordinary everyday
	44.45-46	It is the...the behind...the doors or when the door is shut or those sorts of places of being in another world
4.5 PROTECTING AND ENHANCING THE PROFESSION		
4.5.1 The indispensability of practitioner personal therapy and self-care	8.20	my silence is important to me so I...you know I can be in that very comfortably
	28.37-39	the knowing that the stuff I do in my life that is...very, very different that is very ordinary and very grounded and very concrete that offers me the balance
	14.47-53	the further I allow myself...I know this theoretically...but in the practice of doing it, the further I allow myself to fall and to challenge and to...be with my own stuff...it is yeah about honouring the process of my clients
4.5.2 The place of courage in therapist training	42.22-23	the challenging of students, but also my sort of stepping out of that sort of professional role and saying "what is it like then for all of us to feel this?"
	42.29-30	I mean it [courage] would lend itself to many modules
	42.34-35	you know training around or the experience of actually falling into "what does fear look like?" or "what does courage look like?"
4.5.3 Therapist moral courage and ethical dilemmas	20.12-20	it is for me...about professionalism and honouring but it is also about those threshold worlds...of saying...where are the theories here?
	21.37	it's about saying no those boundaries have to be more permeable for me
	23.39	you know things that I question in supervision - what am I really doing?

APPENDIX 34: PARTICIPANT DEMOGRAPHICS

PARTICIPANT	Gender	Ethnicity	Years qualified	Practice hours	Therapeutic orientation(s)	Working environment	Therapy length (session average)	Client casework issues	Therapeutic orientation of participant's personal therapy	Duration of personal therapy
"Christopher"	Male	White British	3	Approx 250	Person-centred	Charity	Brief (4-12)	Anxiety, loss, loneliness, family troubles, confidence problems, anger	Person-centred	Several sessions as course requirement
"Cerewan"	Female	White British	10+	Several thousand	Trauma-informed Various	Private practice	Long (2+ years) Medium (20) Brief	Various trauma, childhood abuse & neglect, personality disorder	Various	On and off over many years when required
"Steve"	Male	White British	6	Approx 2,500	Person-centred	Charity & Private practice	1-5 years (10)	Palliative, bereavement, childhood sexual abuse	Person-centred	On and off over several years when required
"Sara"	Female	White British	7	Approx 2,000	Person-centred/ Relational Depth	NHS/ Private practice	Private practice (10-15) Cancer centre (25)	Anxiety, depression, self-awareness Loss, grief, health issues, pain, body image, relationships, sexuality	Person-centred, Gestalt	On and off over several years when required

APPENDIX 35: EXAMPLES OF SYMBIOTIC PROCESSES OF THERAPY FROM PARTICIPANT EMERGENT THEMES



"Christopher"

Promotion of courage in therapy through symbiosis/interaction between client/counsellor
Symbiosis of successful therapy - benefits client and therapist
Symbiotic therapeutic relationship between counsellor and client "gives permission" for revelation
Working with client courage -
 Symbiosis of counsellor challenging and client unburdening leads to positive therapeutic growth
Therapy as collaboration
Anybody can harness power of courage
Courage increases confidence as counsellor and client
Counsellor and client can both "enable" therapy
Therapy as circular, iterative (not linear) process to get to a point of courage - not necessarily conscious on behalf of client
Complexity of symbiotic therapeutic process between therapist and client for client to be courageous - benefits counsellor too
Process of client unburdening through courage a pivotal moment in therapy for client and counsellor

"Cerewan"

Symbiosis of therapy - therapist faith promoting client faith in therapeutic process
Symbiotic relationship between experience of personal therapy and delivering optimal therapeutic practice as counsellor
Therapist modelling values/respect/engagement - promotes symbiotic process in client e.g. if they are respected, they can respect themselves etc.
Does this symbiotic process produce a snowball effect of positive therapeutic change in the client?
Courage can be modelled - if the therapist dares, maybe the client will feel confident to dare
Symbiotic relationship of safety and courage

"Steve"

Courage as two-way process promotes relational depth and a deeper therapeutic process in the client
Symbiotic process in relational depth - client and therapist being real and knowing each other
Symbiosis of courage in the therapeutic encounter - circularity of courage as therapist and client "enable" each other
Courage and safety are symbiotic
Symbiotic process - enabling the client's voice (autonomy) allows therapist to self-express

"Sara"

The synergy of fear and creative energy of courage
The symbiotic processes at pivotal moments in therapy contain the interdependent qualities of fear and creative energy of courage
The synergistic dynamic between therapist and client
Symbiotic process - therapist courage to engage with client facilitates client courage
Symbiotic process of therapist's awareness of client courage and vulnerability, and the therapist's courage
Symbiotic process - therapist self-expression enables client self-expression especially regarding difficult feelings and increases client courage
Symbiotic relationship - if therapist pushes, encourages client to push themselves
Symbiotic nature of therapeutic courage - therapist enabling client courage by challenging client to go deeper, and client daring themselves to take step
Therapist courage - not embodying fear to the client (symbiotic process - fearless therapist helps client to face fear)
Client's intuition that therapist is not scared helps client courage/process (symbiotic process - if my therapist is fearless, maybe I can be too?)

